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THE CHILD FROM ONE TO SIX

His Care and Training

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THE CHILD FROM ONE TO SIX

Out of Babyhood into Childhood

"How old is the baby?"

"He's nearly a year old, and before you know it he won't be a baby any more. I hate to see him grow up."

Mothers and fathers who talk like this do not realize how important to the child's future is the growing up that he does between the first birthday and the sixth. They may give the baby the best of care and the older children the best of schooling, but they do not understand how much the child is growing in mind as well as in body during this in-between period, the "preschool" years. They may even hinder his development by encouraging baby ways when they should be encouraging independence and free activity.

The baby less than a year old usually gets more attention than the child who is running around. The preschool child needs as much thought on the part of the parents as does the baby, perhaps even more. When parents are making every effort to give the proper care to the child who is just leaving babyhood many questions arise: How fast should he be growing? How many teeth should he have? What food is best for him? How can he be helped to build good habits? The best answers to such questions can be had from the family doctor. This bulletin has been prepared in order to help parents carry out the doctor's advice and to help them solve some of the ordinary problems that arise in every family.

The job of bringing up a family should not be left to the mother alone. Both parents must combine their efforts, must work together to bring out the best in their children and to help them form such habits that the minds and bodies with which they are born will develop to their full capacity.

HELPING YOUR CHILD TO GROW UP

Everyone knows that little children change rapidly. You expect to find a child changed if you are away from him for a few months but would be shocked to find so great a change in an adult. Psychologists say that a month in the life of a child in the preschool period is packed so full of new experiences that it is like many months in the life of an adult. New sensations—new sights and sounds and smells—enter his life daily. With the help of each new experience he will try to understand the next one. This is how he develops.

In these preschool years his experiences become wider and wider, first in his own family and then outside. At a year old the child may be able to pull off his stockings and to say one or two words.

Think of him at 6 years ready to go to school. He talks, plays, feeds himself, and dresses and undresses himself. He has learned to play with other children of his own age and to compete with them. He will learn these things only by doing, not by havings things done for him. Only if he has learned them is he ready to meet the new world of school successfully. The child who is a cry baby in school—the sissy, the poor sport, the " 'fraid cat "—is usually the child who was babied at home too long, who was not taught independence and courage in his first few years.

WATCHING YOUR CHILD GROW UP

How fast does a normal child develop in weight, in height, in mind? Parents must know this in order to help their children develop normally. They must know not only how much the child should weigh, how tall he should be, how many teeth he should have, but what he should be able to do at 1 year and at 6 years; what they may expect of him in the way of understanding, of carrying out commands, of being responsible for belongings. They must understand, too, that children do not all grow and develop alike. Some are tall and some are short, some weigh more than others at a certain age, some have quicker minds, some have nimbler fingers, some have special talents. Harry may be able to sing a song but not to build a bridge with his blocks. John, the bridge builder, may not be able to carry a tune. Each child must be helped to develop to the fullest extent of his individual possibilities. The average child needs thoughtful consideration as well as the frail child or the slow child or the unusually gifted child.

In spite of individual differences, however, there are certain things a mother may look for at different ages as her children develop.

AT 1 YEAR

The average year-old child creeps and pulls himself up to a standing position. Many children of this age can stand alone, and occasionally a child of the small, wiry type can walk. He can use his hands well and has begun to do things with blocks and boxes and a ball. He may have learned to say one or two words and associate them with the persons or objects to which they belong, such as mamma, dada, kitty, milk, water.

By the end of the first year the child will have been weaned from the bottle and will be learning to hold his cup of milk and perhaps to help hold his spoon. He should also be learning to pull off his stockings at bedtime. He is entering the period of early childhood and must no longer be treated as a baby. His parents must help him to grow up by teaching him to do things for himself.

If the mother has been training the baby properly, he should now have learned complete control of his bowels and may have begun to learn control of his bladder. If such training has not been given, it should begin at once.

Most children at 1 year weigh about 21 pounds (three times what they weighed at birth) and measure from 25 to 35 inches in height. The head is much larger than at birth. Many babies by the time they are a year old have lost some of their chubbiness and are lengthening out into the slender type of build seen in the second year. Some babies remain fat during this period and some grow

The child at 1 year

tall without gaining greatly in weight. They vary considerably according to family type and according to nationality and race. No two children are exactly alike in growth.

Most children at 1 year will have six teeth.

AT 2 YEARS

The average 2-year old can run well. He can get down on the floor and up again easily without holding on to anything. He can balance himself fairly well. He can walk upstairs if he holds on to the stair rail. He can turn the knob of a door and open it.

He likes to pile blocks and build towers, to use a pencil, and scribble on paper. He may be learning to put pegs in a peg board and to string large beads. At about this time he should begin to learn to put his toys away after playing with them. He is just beginning to include other children in his play and has begun to imitate what he sees his brothers and sisters do or his father and mother.

By this time he is using more than two words together and can say things such as "Want to get down," "Daddy all gone." He

can name some animals and many objects. He may like to listen to nursery rhymes.

Bladder control, at least during the daytime, should be well established by the second birthday. At this age a child can help to undress himself, pulling off his shoes and stockings when some one has unlaced the shoes for him and unfastened the garters. He can feed himself well, but not without some spilling.

Most children at 2 years weigh about 26 pounds. Your child may weigh more or less than this, depending on his height. (See weight tables, pp. 16–17.) He may measure 28 to 40 inches in height. Boys are usually a little taller than girls.

Most children at 2 years will have 16 teeth.

AT 3 YEARS

The child of 3 years is very active. He runs and jumps and climbs and balances himself well. He tries to dance to music and likes rhythmic play. He can ride a tricycle well.

He likes to do things with his hands. He can string beads easily. He enjoys pasting pictures and likes to try to draw. He likes to play with toys with which he can do something, such as large and small blocks, a cart, an automobile, or a train of cars. He may build a simple house with a few blocks. He will pretend that his blocks are a train of cars or automobiles. He should put his toys away after playing with them.

He likes to hear and try to repeat nursery rhymes, and to hear short stories told or read, over and over again. He likes to play simple imaginative games with other children or alone. He is already imitating many things that are going on around him—words and actions.

He talks in full sentences and carries on conversations about his play. He can tell what he has been doing. He may like to listen to music and try to sing.

He can feed himself without much spilling but still needs supervision.

He can help considerably with his dressing and undressing and can do a good deal for himself. He can take off his hat and coat and hang them up if hooks are placed low enough. He can unbutton his clothes if the buttons are large and within reach, and can be learning to button them. He can take off his shoes after they have been untied, and can put them on. He should be learning to lace his shoes. He can wash his own hands and put the towel back on the rack. He can brush his teeth if he has some help.

He should have control of bowels and bladder day and night. He should no longer wet the bed.

Most children at 3 years weigh about 30 pounds. Your child may weigh more or less, depending on his height. He may measure 31 to 44 inches in height. The average weight for his height and age may be found in the table on page 17.

He should now have all his "first teeth"—20 altogether.

AT 4 YEARS

The 4-year old is always on the go and is becoming more and more expert at climbing and balancing and rhythmic play.

He now can draw rough pictures of familiar things; he can use scissors well and likes to cut out pictures. The average child is able to count four pennies or other objects. He may be able to name a few colors.

He listens more attentively to short stories and likes stories such as "Peter Rabbit" and "The Little Red Hen," which tell the same things over and over. He can repeat parts of stories and nursery rhymes. He can tell about his play or other happenings and may begin to make up games or stories. He may like to sing.

He will be beginning to play games in which several children take part.

He will build houses or garages with his blocks. His play with toys becomes more imaginative.

He can now button his clothes if the buttons are within his reach. He can take care of his clothes at the toilet.

Most children at 4 years weigh about 34 pounds. Your child may weigh more or less, depending on his height. He may measure 33 to 47 inches in height. The average weight for his height may be found in the table on page 17.

AT 5 TO 6 YEARS

The child at 5 years skips and dances and can use his body skillfully. He climbs trees and turns somersaults. He can throw his ball well.

He can draw pictures, putting in many details correctly.

He likes to cut and paste and weave. He plays many imaginative games and likes to pretend and to dress up. He also tries to do all the things that he sees being done around him—hammering, cutting, painting, washing, ironing, sweeping, cooking, sewing. He can learn to do many of these things well if he has tools or utensils suited to his size. He will work with other children, building forts or castles or boats of blocks or snow. He likes to try out new toys.

He likes to hear longer stories and can repeat stories well that he has heard or that he has made up. He wants to learn to read and write.

He dresses and undresses himself without help, even lacing his shoes, though he may not be able to tie the shoestrings yet.

Most children at 5 years weigh about 39 pounds. Your child may weigh more or less, depending on his height. He may measure between 36 and 49 inches in height. He may be tall and slender in build or short and stocky. The average weight for his height may be found in the table on page 17.

The Child's Physical Surroundings

A good home for children provides them with what they need for health and development. They need fresh air and sunshine; they need outdoor space in which to run and to play; and each needs his own bed. They must have pure drinking water and suitable food. The house should have good drainage, heating, and lighting arrangements. Unless a home offers these necessities, it can not be considered a place well suited to growing children.

COUNTRY AND CITY

What a pity that every child can not spend at least part of each year in the country! Parks are indeed a godsend to city children, but they can never take the place of country woods and meadows.

Taking care of pets

A child's education is broadened if he has explored woods, built dams and bridges across brooks, watched the behavior of insects, birds, and animals. A child who has seen seeds planted and crops harvested, who has waited eagerly for the cat to have her kittens or the sheep to have her lamb, who has watched the robins build a nest and raise a family, has learned all unconsciously lessons of fundamental importance.

The country child spends long hours in the sunshine. He brings into play many muscles as he climbs trees or weeds the garden. He is free from the constant strain of city noises.

For children who are brought up in the city the parents should, if possible, choose a home with a park or playground near by, a roof made safe for play, or a sunny back yard.

WATER SUPPLY AND DISPOSAL OF WASTE

Any water supply that may become contaminated with human excretions is unsafe. A spring or well used for drinking should be at a higher elevation than any privy or barn and at least 50 feet from it. If the water supply is not taken care of by the community, as it is in many cities, towns, and villages in this country, samples of water should be submitted from time to time to the State or county laboratory for examination in order to know that it is safe. If water is not known to be safe, it should be boiled before it is used for drinking, for brushing teeth, or for washing foods that are to be eaten raw.

In motoring or camping bear in mind these facts and teach them to children. The most delicious clear water may be unsafe. Never drink from roadside springs the safety of which you do not know.

See to it that refuse is promptly burned or buried; that human excretions are properly disposed of by means of a public sewage system or a clean, closely screened privy or a well-built cesspool or septic tank. Keep cans of garbage covered so that flies can not get at it; then dispose of it promptly. At home and when camping or motoring avoid contaminating a water supply.

HEATING AND VENTILATION

In cold climates furnace heating adds greatly to the family comfort, though many houses are kept comfortable at less expense with stoves. Either a steam or a hot-water system is cleaner than hot-air heating. A fire in an open fireplace is excellent as a ventilator. In any house where there are children, fireplaces must be carefully screened. Stoves, especially oil and gas stoves that may be overturned, should be used with great caution where there are children. (See Accidents, p. 122.)

Ventilation is the bringing of outdoor air into the house. In winter the air in houses is often overheated and excessively dry. This hot, dry air may be one cause of many winter colds. Probably the most healthful and practical method of keeping air sufficiently moist is the very simple one of keeping a window open, even if only a little, and supplying enough heat so that the temperature of the room is kept between 68° and 70° F. A thermometer is the only accurate way to test the temperature.

Any room that is being lived in should be thoroughly aired once or twice a day by opening doors and windows, even though some outdoor air makes its way in through cracks about doors and windows and even through the walls.

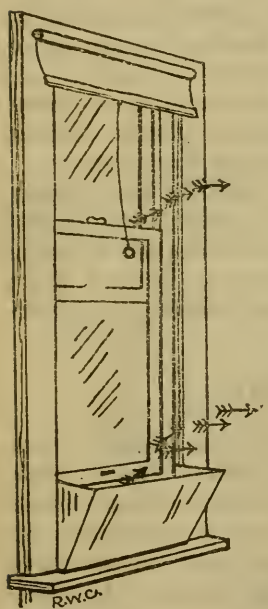
In providing for ventilation avoid floor drafts and direct drafts from windows. Use a window board to avoid a direct draft from an open window.[1]

More children suffer from being kept in a room that is too hot than in one that is too cold.

LIGHT

It is desirable for children to live in a house where plenty of windows let in the sunshine for as much of the day as possible.

Of the various forms of artificial light, the cleanest and safest is electric light. Many country districts, however, do not have electricity, and oil lamps must be used. Oil lamps should always be placed on wall brackets or on solid tables, out of reach of young children. When gas is used, great care should be taken that fixtures do not leak and that lights are not left burning which might be blown out accidentally.



Use of window board

SCREENS

Just as important as keeping houses comfortably heated and lighted and provided with fresh air in winter is keeping them screened in summer. Every house can be fitted with screens of some sort. Wire screens are the best; but if the family can not afford these, mosquito netting or cheesecloth can be tacked to the outer window frame. Flies carry many diseases, such as typhoid fever and dysentery, and mosquitoes carry malaria. Screens that keep out these insects are therefore necessary to protect the health of the family.

In winter, cloth screens in the windows may be useful to keep out the wind and snow.

PLAYROOM OR PLAYCORNER

Every house in which little children are to live should have a playroom, if possible, or at least a play corner. (See Play, p. 84.) The child's bedroom or a porch may also be his playroom. The sunniest room in the house is the best for the child.

A playroom should be furnished simply, with a few low chairs, low shelves or boxes where toys and books may be kept, and a

[1] A window board is a piece of wood or glass, 10 or 12 inches high, resting on the window sill and slanting toward the inside of the room. It is held in place by a triangular support at each end. This board turns the air upward and prevents it from cooling the lower part of the room too suddenly. By another plan the window is opened a few inches, at either the top or the bottom, and a board cut to fit the opening is inserted. This permits the air to enter through the space between the sashes at the middle of the window and distributes it so that it does not fall directly upon the head of the child.

table or low workbench. The shelves will be all the more enjoyed if the children have seen them made by father or big brother. A chest, or at least a drawer, to hold finery discarded by the grown-ups may become a real treasure chest to the children, especially on rainy days, for most children like to dress up and act parts.

The floor covering should be easy to clean and yet warm. Linoleum is easy to clean, and in winter small, easily washed rag rugs may be put over it for warmth. Elaborate rugs and curtains in the playroom are not desirable.

A child needs a low chair both in his playroom and in the family rooms. A little seat made especially for him, even if made out of a soap box, may be not only a joy but a very real comfort.

A HOME TO BE PROUD OF

The quality that makes a home restful and desirable depends more on its orderliness and cleanliness than on its luxuries. Teach children to be proud of their home. Let them help to keep it pretty and well cared for. Let them learn by experience the restfulness of order. The surroundings of early childhood set standards that often last a lifetime.

Preserving Health and Preventing Disease

The foundation for health is laid in the first six years. The healthy child has the best chance of growing into the healthy adult. The child who lives a regular life and has good health habits—who eats well-planned meals at regular hours, gets plenty of sleep at regular hours, plays vigorously out of doors in the sunshine—has the best chance of laying a good foundation for future health.

Parents are learning more and more that it is health economy to go to a doctor to keep their children well rather than to go to him only to cure illnesses that might have been prevented. They know it is the doctor who can teach them how to do their share in the campaign for health and against disease. Besides giving the child regular health examinations twice a year, the doctor will give him protection against certain diseases and will tell the parents what they can do to guard against other diseases. He will advise the parents as to the child's health habits.

The healthy child has rosy cheeks and red lips. His eyes are bright. His skin is smooth, his muscles firm, and his body straight and strong. He grows tall and gains weight month by month. He is active, alert, and interested in everything. He plays vigorously, creeping, running, jumping, climbing, according to his age. His mother may find him a strenuous companion, with his never-ending desire for activity. He is probably a bit noisy, getting pleasure out of banging and shouting and singing. But when it is bedtime he sleeps like a log. He is hungry at mealtimes and needs no coaxing to persuade him to eat. His bowels move daily. He has no abnormal discharge from eyes or ears or nose. His teeth are clean and not decayed. He breathes with his mouth closed. He does not have pains nor aches.

The child who is "not really sick" is usually the same child as the one who is "not really well."

"But," says Tom's mother, "I can't think Tom is sick just because he is thin and breathes through his mouth. He takes after my mother. She was always thin, and she used to snore, too."

"Mary has never seen a doctor in the five years since she was born, and I know she's not really sick," says her mother, "but she's always been nervous and fussy about her food."

Like many other parents, here are two mothers who are puzzled because their children do not measure up to the best standards of health, and yet they can not believe them sick.

Too many people are satisfied with a child that is "not sick." Ill health is often excused or explained on some ground or other and considered unavoidable.

Nothing short of really healthy children should satisfy parents.

KEEPING THE WELL CHILD WELL

1. Take your child for a regular *health examination* twice a year to a doctor experienced in the care of children. (See pp. 11–16.)

2. Ask the doctor to give him *special protection* against smallpox and diphtheria and to advise how to guard against other diseases. (See pp. 18–24.)

3. Take him to a *dentist* regularly twice a year for examination and care of his teeth, beginning at the end of the second year. (See pp. 41–44.)

4. Give him a *well-planned diet*, including milk, green vegetables, fruit, cereals, meat, and eggs. (See pp. 45–64.)

5. Be sure that he has *11 to 13 hours of sleep* every night and a daytime nap of *1 to 2 hours*. (See pp. 65–73.)

6. Send him outdoors for *play and exercise* in the sunshine every day. (See pp. 84–94.)

7. See that he has *good habits* of eating, sleeping, exercise, cleanliness, and elimination. (See pp. 25–40.)

8. *Weigh* him once a month; *measure* his height twice a year. (See pp. 16–17.)

HEALTH EXAMINATIONS

Intelligent parents want their children kept well. The owner of an automobile has it looked over at regular intervals by a capable mechanic and thus avoids accidents and lengthens the life of his car. The machinery of the human body is in just as much need of regular inspection. Every child should be thoroughly examined by a doctor and a dentist at least every six months. He should be weighed once a month. Throughout the second year of life, and in some cases even longer, it is wise to take him to the doctor every three or four months. At such examinations little defects are often discovered and easily corrected, which, if allowed to persist, become much more difficult to handle.

The same doctor, if possible, should see the child at these regular examinations so that he can record the child's progress. He will have a much more complete understanding of the child's condition in case of illness than if he had never seen him before.

TEACH CHILDREN THAT THE DOCTOR IS THEIR FRIEND

The visit to the doctor's office or to the child-health center should be a pleasant excursion. Every child should be taught to think of the doctor as a friend. A mother who threatens to "call the doctor if you are not good" is building up fears in the child that will cause trouble when the doctor's aid is needed. A child should never be deceived about a visit to the doctor. It is foolish to tell a child, "The doctor isn't going to touch you," or "He won't make you take your clothes off."

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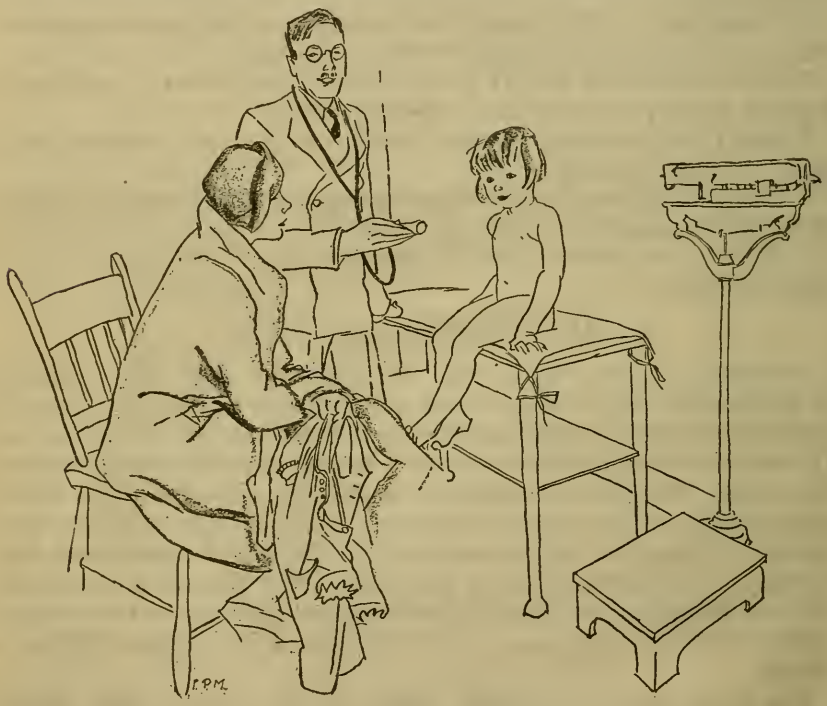
When the doctor examines the child's heart and lungs he will be grateful to the mother who has taught her child to have no fear of him. Nothing is harder than to listen to the chest of a crying, struggling child. The signs of early trouble in the lungs, which it is of great importance to discover, often can not be heard unless the child is quiet. If he fights and cries, three or four visits may be needed.

Many mothers find that daily inspection of teeth, ears, neck, and nails helps to remind the children to scrub them well. If occasional throat inspection is added to the list it will help the doctor.



The doctor examines the well child

WHAT WILL THE DOCTOR LOOK FOR?

The first thing the doctor will do will be to inquire about the health and habits of the child. He will ask about his food and his habits of eating, about his habits of sleeping and exercise, about his habits of elimination, about illnesses he has had, and about measures that have been taken to protect him against disease.

He will then look him over completely undressed. He will examine his head, eyes, ears, nose, mouth, teeth, throat, glands, heart, lungs, abdomen, genitals, arms, legs, and back. He will compare his weight and height with the average weight and height for children of his age. (See pp. 16–17.)

General appearance.

The doctor is first interested in the general appearance of the child, whether pale or rosy, thin or fat, alert or listless. He watches for the tired-looking child who stands with a drooping posture.

Posture.

The doctor will look at the child's whole body to see whether it is well formed and whether his posture is good—that is, whether he is standing well. He will see whether the child holds his head up and his chin in so that the head is well balanced, whether he holds his chest up and his abdomen in, and whether the curves of his back are as they should be. Many children, especially those who are too thin, let their heads drop forward, have flat, sunken chests, large, prominent abdomens, and an increased curve in the lower part of the back.

Arms and legs and feet.

The doctor will examine the child's arms and legs and feet to see whether his bones are straight and his muscles strong. Little children often have flatfoot; that is, their feet are rolled outward and their ankles are bent inward. The doctor will advise what kind of shoes and stockings to buy and will advise about exercises. (See Shoes, p. 78; Stockings, p. 78; and The habit of standing well, p. 31.)

Weight and height.

The doctor will weigh the child and measure his height. He will compare his weight for height with the average weight for height of a large group of ordinary healthy children of his age. (See tables, p. 17.) The doctor will use not only this information about the child's weight in relation to his height but also all the other information that he gets from examining the child before he decides whether his growth and development and his present nutritional condition are satisfactory.

Since a steadily increasing weight is one sign of good health, the doctor may ask you to bring your child back once a month to be weighed or he may ask you to take him to a child-health center for this purpose; or, if you have scales, he may ask you to weigh him once a month and report the weight to him. (See Weight-height-age tables, pp. 16–17, and Malnutrition, p. 118.)

Skin and tissues under the skin.

The child's skin should be smooth and free from eruptions. The fat and muscles under his skin should feel firm. A tanned and rosy skin and red lips are likely to be badges of good health. Pale, flabby children are often those who have had too little sunshine and have lived on a diet containing too little green vegetables, eggs, and meat.

Eyes.

The doctor will examine the child for any inflammation of the eye. Little children seldom complain of headache but often rub their eyes or make faces or blink their eyes or hold their heads down if their

eyes bother them. Tell the doctor about such habits. Before the child goes to school his eyes should be tested. (See Eye disorders, p. 115.)

Nose and throat.

The doctor will examine the nose and throat for evidence of inflammation and for enlarged tonsils and adenoids. He will ask whether the child breathes through his mouth or shows other evidence of obstruction in his nose. He will ask about colds and earache and swollen glands. (See pp. 113–114.)

Ears.

The doctor will look at the child's ears. Ears are often the seat of trouble in early childhood. Earache or discharge or deafness should be reported promptly to the doctor. (See Ear disorders, p. 114.)

Teeth.

The doctor will examine the child's teeth to see whether they are developing normally and whether they show signs of decay. He will look at the jaws to see whether they are of the right shape. He will examine the gums for gumboils, which are abscesses at the roots of teeth. He will look at the lining of the cheeks and lips. (See Teeth, p. 41.)

Heart and lungs.

The doctor will examine the heart and lungs for signs of any disease.

Abdomen.

The doctor can gain much information about the internal organs by feeling the abdomen. A hernia or rupture may occur in a young child and should be looked for in both girls and boys. Many ruptures disappear as the abdominal muscles grow stronger.

Genitals.

The doctor will inspect the genital organs of girls to see whether there is any discharge from the vagina, and of boys to see whether the foreskin can be drawn back easily and completely. If it is not possible to draw back the foreskin so as to keep the glans, or end of the penis, clean, the doctor may advise circumcision. (See Care of the body—Genitals, p. 38.)

GIVE THE DOCTOR EXACT INFORMATION

After the doctor has completed his examination he may ask more questions about the child's life and habits. Frankness and honesty are absolutely necessary in answering his questions.

The mother of Louisa, aged 5, meant to put her to bed at 7 o'clock, but something always happened, so that Louisa really got to bed between 9 and 10. Her mother prided herself on being a good mother, and when the doctor asked her about Louisa's bed hour she said it was 7 o'clock. It took the doctor a long time to find out that staying up late was the cause of Louisa's tired, nervous, irritable ways.

FOLLOW THE DOCTOR'S INSTRUCTIONS

Last of all the doctor will explain what changes must be made to improve the child's health. The parents should listen carefully and get all the help they can. It is safer to write down the points that the doctor considers the most important or ask him to write them down. He is an expert in health; and if his advice is worth the time and the trouble and the money that have been spent in getting it, it is well worth following with painstaking and conscientious care. He will advise about giving the child special protection against smallpox and diphtheria, if this has not already been done (see p. 20), and about guarding against other diseases. He will discuss in detail the child's health habits. (See p. 25.) Parents should never leave the doctor's office without understanding just what he wants them to do and intending to carry out his orders to the best of their ability.

DENTAL EXAMINATIONS

Little children should have their teeth examined by a dentist quite as regularly as older children, for the prevention of trouble in the first six years will help to build strong, well-formed teeth for later life. The "baby teeth" need home care and the dentist's care just as much as the permanent teeth. From the time your child is 2 years old he should be taken to the dentist every six months so that the teeth may be inspected and cleaned and any small cavities filled. (See Teeth, p. 41.)

IS YOUR CHILD READY FOR SCHOOL?

The child who is to enter school for the first time in the fall should have a thorough examination by a physician and by a dentist in the spring or early summer. This will allow the summertime for correction of defects and for vaccination; also for immunization if needed. (School brings added danger of getting communicable diseases.) If the child has not been having half-yearly examinations up to this time a thorough examination is especially needed.

A physical defect puts a child at a disadvantage with his schoolmates. Poor sight or hearing may make him seem dull in school and cause him to become discouraged and uninterested. Do not let your child reach school age with a handicap that can be removed. Ask yourself these questions:

Does my child see and hear well?
Are his teeth sound and well kept?
Are his nose and throat in healthy condition?
Does the doctor consider his weight correct for his height and age?
Are his eyes bright, his cheeks rosy, his muscles firm, his posture erect?

Has he been vaccinated against smallpox and immunized against diphtheria (also against typhoid fever if this is necessary)?

Has he good habits of eating, sleeping, bathing, elimination, self-control, and obedience?

USE OF WEIGHT-HEIGHT-AGE TABLES

Certain standards of growth and development have been established by weighing and measuring a large number of children. One of the ways by which the doctor studies a child's physical development is to compare his measurements with such a standard.

A standard of weight based on height and age is given on pages 16–17. In comparing a child's weight and height with the standard the characteristics of his race, nationality, and family should be taken into consideration.

When using these tables always remember that each weight figure represents merely the average weight of many ordinary girls or boys of a certain height and age and is not a fixed weight that is necessary for health at that height and age.

Do not worry if a child is a little above or below his average weight, provided he shows the general signs of good health; but if he is much below or above this average, be sure to put him under the care of a doctor.

Do not make the mistake of thinking that a child of average weight for his height and age is necessarily up to par in other respects. All the signs mentioned on page 10 are needed to make up the picture of a healthy child. Remember that regular gain in weight and height is more important than weight or height at any one time.

Be sure that your child is examined by a doctor twice a year.

HOW TO USE THE TABLES

1. Weigh your child, without clothes if possible, in pounds and half pounds.

2. Measure the height of your child. To do this let him stand without shoes against a straight wall with his feet flat on the floor, and his head, shoulders, buttocks, and heels touching the wall. Place a light book or box on top of his head at right angles to the wall, and mark on the wall the level of the bottom of the book. With a yardstick or tape measure measure the distance from the mark to the floor. A tape measure may be fastened to the wall permanently if it is desired, in order to measure conveniently several children in the family (each child should be measured twice a year).

3. Find your child's age at the top of the table (boys or girls).

4. Find his height in inches in the left-hand column of the table.

5. Run your finger across from his height to the column under his age. The number found at this point represents the average weight in pounds of boys or girls of the same age and height as your child.

Weight-height-age table for white GIRLS between 1 and 6 years of age[1]

[Without clothes]

Height in inches	Average weight in pounds for each specified age						
	1 year but less than 1½	1½ years but less than 2	2 years but less than 2½	2½ years but less than 3	3 years but less than 4	4 years but less than 5	5 years but less than 6
25	14½						
26	16						
27	17	17½					
28	18½	18½	18½				
29	20	20	20				
30	21	21	21½	21½			
31	22½	22½	22½	22½	23		
32	23½	24	24	24	24		
33	25	25	25	25½	25½	25½	
34	26½	26½	26½	26½	26½	27	
35	27½	27½	28	28	28	28	
36		29	29	29	29½	29½	29½
37		30½	30½	30½	30½	31	31
38			31½	32	32	32	32½
39			33	33	33	33½	33½
40				34½	34½	34½	35
41				35½	36	36	36
42					37	37½	37½
43					38½	38½	39
44					40	40	40
45						41	41½
46						42½	42½
47							44
48							45½
49							46½

[1] Reanalysis of weight, height, and age of 62,160 white girls between 1 and 6 years of age examined in Children's Year.

Weight-height-age table for white BOYS between 1 and 6 years of age[1]

[Without clothes]

Height in inches	Average weight in pounds for each specified age						
	1 year but less than 1½	1½ years but less than 2	2 years but less than 2½	2½ years but less than 3	3 years but less than 4	4 years but less than 5	5 years but less than 6
25	15						
26	16½						
27	17½	18					
28	19	19					
29	20½	20½	20½				
30	21½	22	22	22			
31	23	23	23	23½			
32	24½	24½	24½	24½	25		
33	25	26	26	26	26		
34	27½	27	27	27½	27½	27½	
35	28½	28½	28½	28½	28½	29	
36		29½	30	30	30	30	30½
37		31	31	31½	31½	31½	32
38		32½	32½	32½	32½	33	33
39			34	34	34	34	34½
40			35	35	35½	35½	35½
41				36½	36½	37	37
42				38	38	38	38½
43					39½	39½	39½
44					40½	41	41
45						42	42½
46						43½	43½
47						45	45
48							46½
49							47½

[1] Reanalysis of weight, height, and age of 63,547 white boys between 1 and 6 years of age examined in Children's Year.

PREVENTION OF DISEASE

Doctors are learning more and more how to prevent diseases, or how to modify them so that they will be less severe, or how to avoid those which they do not yet know how to prevent. If a disease is to be prevented, something must be known about its cause, about how it is spread, and about the possibility of making people immune to it. Some diseases, like rickets and scurvy, are known to be caused by the lack of some element in the diet or by the lack of sunlight; these are called deficiency diseases. Some diseases, such as diphtheria and malaria, are known to be caused by germs or parasites which get into the body through the nose and throat and lungs, or through the stomach, or through the skin; they are called communicable diseases. For many other diseases the cause is not yet known.

A deficiency disease may be prevented by supplying the sunlight or the food element that the child requires. Certain communicable diseases, such as diphtheria and smallpox, may be prevented by inoculating the individual with substances that will protect him against these diseases. Other communicable diseases, such as measles, may be modified or made less severe by the use of certain substances. Still other communicable diseases, like influenza, can be prevented only by avoiding exposure, since it is not yet known how to make people immune to them.

Communicable diseases are spread:

1. Directly—

(*a*) By a healthy person's coming in contact with a sick person. The germs or other cause of the disease may be present in the secretions of the nose and throat and in the fine droplet spray which such a person breathes or coughs out, as in the case of measles, tuberculosis, influenza, and many other diseases. In some diseases the germs are present in the stools or urine and may be spread directly to other persons on hands or utensils, as in typhoid fever and dysentery.

(*b*) By a healthy person's coming in contact with another healthy person who is a "carrier" of some disease; that is, the germs are present in his body secretions or excretions, though he himself is not ill. A healthy person may be a carrier of such diseases as diphtheria, typhoid fever, scarlet fever, and meningitis.

(*c*) From an animal that has the disease to a human being; rabies (hydrophobia), some intestinal worms, and occasionally other diseases may be spread in this way.

2. Indirectly—When the cause of the disease is carried to a healthy person—

(*a*) By hands or objects which have been in contact recently with a sick person or which have been contaminated by the secretions or excretions of a sick person.

(*b*) By food, milk, or drinking water which has been contaminated with germs from the secretions or excretions of the

sick person, or of a "carrier," as in typhoid fever, dysentery, scarlet fever, and septic sore throat.

(*c*) By milk from cows that are themselves infected with the germs of the disease, as in tuberculosis, septic sore throat, and undulant fever.

(*d*) By flies or other insects that alight on the excretions of a sick person and then carry germs on their feet to food which is to be eaten by a healthy person, as in typhoid fever and dysentery.

(*e*) By mosquitoes or other biting insects, which by biting first a sick person and later a healthy one may carry the cause of the disease from one person to another, as in malaria.

(*f*) By worms, which enter the body by penetrating the skin of the soles of the feet, as in hookworm.

In order that children may avoid exposure to communicable diseases, it is necessary that they be kept away from all sick persons and from those who are sneezing or coughing; that all water and food supplies be safeguarded by proper sanitary measures; that all milk be pasteurized or boiled; that houses be screened from flies and mosquitoes; and that the authority of health departments be upheld in all matters of food regulation, sanitation, and quarantine.

PREVENTION OF COMMUNICABLE DISEASES

1. Prevention of disease by avoiding contact with sick persons.

Many communicable diseases can be prevented only by keeping sick persons and well persons separated. Especially should children be kept away from the sick, even if the sickness is "only a cold"; a person who has only a mild cold may infect a child and make him seriously ill. Mothers often run great risk in taking little children to see invalid friends or relatives, particularly those with chronic coughs. When a child is sick, keep other children away from him. Do not intentionally expose young children to diseases like measles or whooping cough because you think they must have them sooner or later. As a general rule, the younger the child the more serious may be the effects of the disease.

Perhaps the most frequent way that diseases spread is through coughing and sneezing, because the germs are present in the spray which come from the nose, throat, or lungs. Tuberculosis is spread in this way; so, too, are common colds. Do not let a child with a cold play with other children. Teach children to cover their mouths with their handkerchiefs when they cough or sneeze, or to turn their heads away, and to use a handkerchief when it is needed. Handkerchiefs should never be exchanged nor borrowed.

Do not take children into crowds or public places, where there are many people of whose health or illness you know nothing.

2. Prevention of disease by cleanly habits.

Teach children not to put their hands or other things into their mouths.—Disease germs may be carried into the body on things put into the mouth, and children should learn early not to pick up things

from the floor or street and put them into their mouths, not to suck fingers, pencils, or other objects, and not to exchange mouth organs, bubble pipes, candy, etc. Dirty hands are carriers of disease. Children should be taught to wash their hands before eating and after going to the toilet.

Avoid carrying disease to your children.—A mother caring for anyone with a communicable disease must be careful not to carry it to others in the family. It is best for her to wear a long-sleeved apron while in the sick room and take it off when she goes out. On leaving the sick room she should wash her hands carefully before touching food or caring for other children, and she should avoid intimate contact with them, such as kissing.

3. Prevention or modification of disease by inoculation.

Some communicable diseases, such as smallpox, diphtheria, typhoid fever, tetanus, and measles, may be prevented or modified by inoculating with protective substances.[2]

Prevention of smallpox.—The great example of such protection against disease is vaccination against smallpox. In the seventeenth century more infants died of smallpox than of any other disease. Those who did not die were usually scarred. Everyone had smallpox, as to-day everyone has measles. Vaccination against smallpox has done away with this situation and could abolish the disease in the United States if everyone in the country would take advantage of this protection.

Every child should have been vaccinated for smallpox before the end of his first year and should be vaccinated again before entering school.

Prevention of diphtheria.—It is now possible to protect children against diphtheria, one of the most dangerous of children's diseases. Three injections of diphtheria toxin-antitoxin or toxoid will keep most children from contracting this disease. Every child who has received these three injections should be given the "Schick test" six months later. This test will indicate whether the child has received adequate protection or whether he needs another course of treatment. Diphtheria has been practically wiped out of communities where parents have been willing to give their children this protection. The best time to give this treatment is as soon as possible after the child is 6 months of age.

Prevention of typhoid fever.—Typhoid fever can be prevented by a vaccine. Every child who lives in a community where typhoid exists or who is to travel to a place where it may be should receive this vaccine.

Prevention of tetanus.—Tetanus (lockjaw) is caused by a germ that is carried into the body through wounds. These germs are very plentiful about barnyards and in manured fields. Scratches and surface cuts are rarely the cause of lockjaw, but deep wounds are always dangerous, especially those made by nails or splinters that

[2] Inoculation against scarlet fever may be done, but at present this is not so generally recommended as inoculation against the other diseases mentioned. Children who have been exposed to whooping cough may be inoculated with a vaccine, which though it will probably not prevent the disease, may make it less severe when it develops.

enter deeply into the flesh, or those made by firearms, firecrackers, or cap pistols. Lockjaw can be prevented by the injection of tetanus antitoxin. Any dirty or deep puncture should be seen by a doctor, who will give tetanus antitoxin if it is needed.

Prevention and modification of measles.—Measles is a serious disease in children under 3 and in chronically ill older children. If within a week after he has been exposed to measles a child is inoculated with serum or blood from a person who has recovered from measles, the disease will be modified. If the inoculation is given in the first four days after exposure, the disease may be prevented for the time being. Your doctor may advise such treatment.

4. Prevention of disease by sanitary measures.

Typhoid fever, septic sore throat, undulant fever, tuberculosis, and dysentery may be spread through contaminated water or milk or foods that are eaten raw. They may be prevented to a large extent by proper care of water and food supplies. The public-health authorities in any community should see that the sanitary measures required for this care are carried out. Raw milk should never be used. In time of epidemics all water should be boiled and no food should be eaten raw except fruits, which should be peeled after being washed carefully in boiled water. Typhoid vaccine (see p. 20) may also be given.

Do not buy food for children from street carts or from counters where it has been exposed to dirt and dust and flies. In planning vacations be sure that the house to which you are going is clean and well screened and that the milk and water supplies are safe.

Prevention of tuberculosis.—Tuberculosis is not rare in childhood. It is commonly contracted in one of two ways: Either the child has come in contact with some person who has tuberculosis or he has been given milk from tuberculous cows. Do not risk your children's health by allowing them to come in contact with any person with tuberculosis, as such a person may infect a child (1) directly through the germs in the droplets of spray that he breathes out or coughs out—this is by far the most important way—or (2) indirectly by germs which are still living on objects which the sick person has handled or in the dust on rugs or floor.

Infants and little children are more susceptible to tuberculosis than older children. They should not live in the same household with a person who has tuberculosis. Keep your children away from any person who is coughing, for a chronic cough may mean tuberculosis at any age.

Use no raw milk. Properly pasteurized milk from cows which have been tuberculin tested should be used when obtainable. If raw milk must be bought or if there is any question as to whether the milk has been properly pasteurized or not, it should be boiled. (Of course, for children under 2, all milk, whether pasteurized or not, is to be boiled. See pp. 54–56.)

Prevention of malaria.—Malaria is carried to human beings by mosquitoes. It can be prevented by wiping out the breeding places

of mosquitoes—swamps and stagnant ponds. Screening of houses and porches has done much to prevent this disease.

Prevention of hookworm.—Hookworms are discharged from the body in the bowel movements of persons who have the disease. The hookworms then live and grow in the soil on the surface of the ground. When persons walk with bare feet on ground that has been contaminated with the excretions of infected persons, hookworms make their way through the pores in the skin of the feet into the body. To prevent hookworm, human excretions must be disposed of in such a way as not to contaminate the surface soil. Children in infected districts must not be allowed to walk out of doors in their bare feet.

5. Prevention of disease in child by treatment of mother.

Prevention of congenital syphilis.—Syphilis in childhood has usually been contracted by the child from the mother before birth. It could have been prevented in the child if the mother had been given adequate treatment before the baby was born. Every expectant mother should be examined and her blood tested early in pregnancy, and treatment should be started at once and continued throughout pregnancy if there is evidence of this disease. This is to safeguard the health of the baby. The late effects of syphilis, such as blindness, deafness, and nervous disorders, can usually be prevented if a child is given regular repeated treatment in infancy or early childhood. The earlier such treatment is begun the better the outlook.

6. Prevention of disease by general health measures.

Prevention of other communicable diseases.—There are many other communicable diseases for which no specific preventive treatment is known. Much, however, can be done to prevent the spread of such illnesses as septic sore throat, pneumonia, influenza, meningitis, encephalitis, and infantile paralysis, as well as chicken pox, mumps, whooping cough, and measles, by keeping persons who have these diseases entirely away from children.

Every intelligent person should feel it his personal responsibility to prevent the spread of disease. Not only should he uphold the efforts of his local health authorities in reporting infectious diseases and enforcing sanitary laws and quarantines, but within his own home he should keep well people from coming in unnecessary or intimate contact with anyone sick with an infectious disease.

PREVENTION OF DEFICIENCY DISEASES

Certain diseases are caused by the lack of some food element necessary for the normal growth of the child or by the lack of sunlight. (See Food and eating habits, p. 45, and Common disorders, p. 113.) These diseases are chronic, and much damage may be done to a child's rapidly developing body before it is noticed that he is sick.

Prevention of rickets.

Rickets is a very common nutritional disease of infancy and early childhood due to lack of vitamin D (see p. 53) and of sunlight. It

may be prevented if cod-liver oil is given in adequate amounts or if the child gets plenty of direct sunshine. (See p. 29.)

Prevention of scurvy.

Scurvy is a nutritional disease caused by a lack of vitamin C. It may be prevented by the use of citrous fruits (oranges, lemons, grapefruit) or raw or canned tomato juice or raw cabbage. Raw carrots or turnips, carefully washed, peeled, and grated, may also be used to supply vitamin C, but they are less desirable. (See pp. 53, 57.)

Prevention of beriberi.

Beriberi, which is caused by lack of vitamin B (see p. 53), is a nutritional disease that may result in disease of the nervous system and paralysis. It can be prevented by giving the child enough whole-grain cereals and bread and fresh green vegetables.

Prevention of pellagra.

Pellagra is a nutritional disease showing itself in severe wasting and in disorders of the mouth, stomach, and bowels. It will not develop if the child is given plenty of milk, fresh green vegetables, egg yolk, and fresh meat or canned salmon.

Prevention of anemia.

Anemia is a condition in which a test by a doctor shows that the child's blood has less coloring matter than it has under normal conditions. Anemia is often seen in children who receive during the first two years a diet of milk and sugar only. Anemia of this type may be prevented by giving the young child enough green leafy vegetables, egg yolk, fruit, and meat, especially liver.

Prevention of xerophthalmia.

Xerophthalmia is a disease of the eyes due to lack of vitamin A. It will not develop if the child is given enough whole milk, butter, egg yolk, or cod-liver oil.

Prevention of goiter.

Goiter, an enlargement of a gland in the neck (the thyroid gland), occurs in children who live in certain inland parts of the country where the vegetables and drinking water do not have enough iodine to supply the body's needs. In places near the sea the vegetables and drinking water have plenty of iodine; sea food also contains it. The body needs only a small amount of iodine, but it can not get along without it, as it is necessary for the normal action of the thyroid gland.

If you live in a so-called "goiter district," ask your doctor whether iodine should be given to your children to prevent goiter.

PREVENTION OF MALNUTRITION [3]

Malnutrition (see p. 118) may be prevented in a child that has no chronic infection by giving him a well-planned, adequate diet, by

[3] For further information on the prevention of malnutrition see What Is Malnutrition? by Lydia Roberts (U. S. Children's Bureau Publication No. 59, Revised 1927).

training him in good eating habits and good sleeping habits, and by seeing that he gets proper rest and exercise and enough sunshine and outdoor life. (For methods of preventing infection see p. 19–22.)

PREVENTION OF ACCIDENTS

POISONING

People are often careless in leaving medicines containing powerful drugs on a table or in a drawer within easy reach of children. Tincture of iodine, mercurochrome, bichloride of mercury, and many other substances used as disinfectants are poisonous if swallowed. Children have been known to swallow fatal doses of such drugs.

Perhaps even more common are accidents that happen with poisons not used as medicines. Lye causes a type of burn in the mouth and throat that may result fatally. It is shocking to find how frequently a can of lye is left on the floor in the bathroom or kitchen and how frequently children try the experiment of tasting it. Wintergreen flavoring extract, alcohol (both grain and wood alcohol), and kerosene have been swallowed by children in fatal quantities. Children seem especially tempted to taste poisonous powders such as insect powder or rat powder. They will chew matches and bits of fireworks which contain a dangerous amount of phosphorus. Many children chew the paint on toys, play pens, and cribs, and chronic lead poisoning may result from such habits.

Stearate of zinc or powder containing it is often used in the homes of otherwise careful parents, who do not realize that if a child breathes this powder into his lungs he will probably develop a very serious form of pneumonia. If such a powder is advised by the doctor, buy it only in cans that have a self-closing cover and keep it out of the reach of children.

Gas from leaky fixtures and from automobile exhausts causes many unnecessary deaths. Never neglect a poorly fitting gas fixture. Never let a motor run in a closed garage.

Avoid the use of poisons if possible. Never leave poisons within reach of young children. Teach children not to put things into their mouths.

OTHER ACCIDENTS

Choking is usually the result of beginning to cough, to sneeze, or to laugh when there is something in the mouth. Whatever is in the mouth is carried into the larynx, or voice box, or may even be drawn into the bronchial tubes. Children who put beads, buttons, small toys, or other things into their mouths are likely to choke. Bits of nuts, especially of peanuts, if thus drawn into the lung, may cause serious results. Nuts should not be given to small children.

Many a burn could be prevented by screening an open fireplace, by keeping matches on high shelves out of reach of little children, and by great care in the use of oil lamps and of candles. Gates on porches and at the tops of staircases, and bars or screens in windows

will prevent many serious falls. Keep razors and sharp knives out of reach of children. Give them blunt scissors only.

Many motor accidents could be prevented if little children were not trusted to play alone on streets or near roads where motor vehicles are passing.

A young child can not be trusted to protect himself. Parents who are careless about these preventive measures find it hard to forgive themselves when a serious accident happens to the child. (See Accidents, p. 122.) Send *to-day* to the U. S. Public Health Service, Washington, D. C., for its bulletin, What to Do in Case of Accident.

HEALTH HABITS

HEALTH AS BASED ON HABIT

Habit is the tendency to repeat what has been done before. It is a way of behaving, thinking, or feeling that, once established, is easily followed. Habits are learned, not inherited. Once learned, they are great time-savers.

A child learns to pull on a coat, to button and unbutton his clothes, to use a fork and a spoon, by trying and trying again. An adult does hundreds of complicated acts without thought or attention, making use of habits learned in childhood. Think of the time saved each day because adults can wash, eat, sew, write, read, and handle tools almost automatically.

Many people think of habits only as ways of acting and forget the even more important habits of thinking and feeling. Children not only learn the habit of getting into their clothes, but learn to like certain colors and to dislike a dirty dress or a torn stocking. So they develop the habits which are called "good taste" or "neatness" or "daintiness." Even attitudes toward life are partly a matter of habit. Children learn to be cheerful and happy, or sulky and cross, according to the habits they form.

Teaching a child to do habitually and without conscious effort the things that make for good health is one of the first duties of parents. The health habits have to do with the fundamental daily activities of the child—eating, sleeping, playing, eliminating, and keeping the body clean and suitably clothed. Most of these habits should be learned in the first three or four years of life. Once learned they may last a lifetime.

Pleasant associations help to build habits.

A child may be forced into doing something once, but he will not do it again of his own accord unless he has found some pleasure or satisfaction in it. Acts that are associated with or followed by unpleasant feelings we all tend to avoid in the future, repeating only the ones associated with pleasant feelings. For this reason rewards may be useful at certain times when the child has done something that you wish him to repeat, and punishments at other times when he has done something that you do not wish him to repeat. Punishment has disagreeable associations and is most effective in teaching children not to do things.

How dislikes arise.—As adults we often realize that dislikes arise through unpleasant associations. One person says, "I love sweet lavender—I never smell it without thinking of my grandmother's linen chest"; and another, "I don't know why I dislike the taste of clove except that I remember tasting it first when I had a toothache as a child." Many other likes and dislikes have similar foundations that have been forgotten. So at all ages habits are encouraged when they are linked with something pleasant and discouraged when linked with something unpleasant. A favorite dessert, coming as soon as the dinner plate is empty, helps more in getting children into the habit of eating what is set before them than do threats of punishment.

Which habits to encourage.—Praise given to a child because toys are neatly put away or hands washed before dinner is likely to encourage habits of order and cleanliness, since even very little children get pleasure out of words of praise or smiles of approval. Behavior that will become objectionable if persisted in, such as throwing things on the floor or talking baby talk, should never meet with signs of approval, however amusing it may be. Such habits as asking questions or touching things may be trying but should not be discouraged too severely since in the end they lead to the child's acquiring much valuable information and skill.

Habits are formed by daily routine.

Most adults have found by experience that they are healthier, happier, and less easily tired if their lives are regular. Need for sleep and need for food recur at regular intervals, and also need for elimination of wastes. How often grown people complain because their hours for sleeping or for eating have been disturbed. Irregularity makes for discomfort and a sense of ill health. What is true of adults is very much more true of children.

In planning a routine for the young child the family life should be considered, for it is not desirable to upset the plans of the family more than is necessary for the health of the children. Certain things, however, are of absolute importance, such as the daytime-nap period, outdoor play, regular mealtimes, early bed hour, and regular visits to the toilet. A regular schedule will benefit the family in the end.

A definite daily plan or schedule, adjusted to individual needs and followed conscientiously, will prove a great saver of the mother's time. Children who live by such a plan are usually ready for bath, meals, and bed when the time comes. They seldom fuss or cry or argue about what they are expected to do.

DAILY PLANS

The following plans are suggested. One of them will fit into the routine of most families. If you can not make use of one of them for your child, work out for yourself a similar order of the day that you feel will be best for the child, and then follow carefully the plan you have made.

FOR THE YOUNGER CHILD (1 TO 2 YEARS)

Schedule I

[A step between the schedule for the baby, with feeding every 4 hours, and the schedule for the older child, with three meals a day]

6.00 a. m_____ Toilet. Wash hands and face. Brush teeth.
Cup of milk, dried bread with butter.
Sleep or play in crib.

8.00 a. m_____ Toilet. Bath. Dress.

9.00 a. m_____ Breakfast and cod-liver oil.
Toilet for bowel movement. Wash hands.
Out of doors as soon after breakfast as weather permits. Play in sun when possible.

11.00 a. m_____ Toilet. Wash hands.
Nap—out of doors if weather permits.
Sun bath before or after nap.

1.00 p. m_____ Toilet. Wash hands and face.
Dinner.

2.00 p. m_____ Toilet. Wash hands.
Out of doors as long as weather permits. In sun when possible, playing or in gocart.

3.30 p. m_____ Toilet. Wash hands.
Out of doors.

5.00 p. m_____ Toilet. Undress for night. Wash.

5.15 p. m_____ Supper and cod-liver oil.
Toilet. Wash hands. Brush teeth.

6.00 p. m_____ Bed. Lights out, windows open, door shut.

Schedule II

7.00 a. m_____ Toilet. Wash hands and face. Brush teeth. Dress.

7.30 a. m_____ Breakfast and cod-liver oil.
Toilet for bowel movement. Wash hands.
Out of doors as soon after breakfast as weather permits. Play in sun when possible.

9.30 a. m_____ Bath. (Bath may be given before supper if more convenient.)

10.00 a. m_____ Toilet. Wash hands. Nap—out of doors if weather permits. Sun bath before or after nap.

12.00 noon_____ Toilet. Wash hands and face.
Dinner.

1.00 p. m_____ Toilet. Out of doors, playing or in gocart.

3.00 p. m_____ Toilet. Wash hands.
Milk or fruit.
Out of doors as long as weather permits. In sun when possible, playing or in gocart.

5.00 p. m_____ Undress for night. Toilet. Bath. (May be given in morning if more convenient.)

5.15 p. m_____ Supper and cod-liver oil.
Toilet. Wash hands. Brush teeth.

6.00 p. m_____ Bed. Lights out, windows open, door shut.

FOR THE OLDER CHILD (2 TO 6 YEARS)

Schedule I

[When morning nap seems desirable]

7.00 a. m_____ Toilet. Brush teeth. Wash hands and face. Dress.
7.30 a. m_____ Breakfast.
Toilet for bowel movement. Wash hands.
Out of doors as soon after breakfast as weather permits. Play in sun when possible.
11.00 a. m_____ Toilet. Wash hands.
Milk or fruit if needed.
Undress for nap.
Nap.
12.45 p. m_____ Toilet. Wash hands and face. Dress.
1.00 p. m_____ Dinner.
Toilet. Wash hands.
1.30 p. m_____ Out of doors as long as weather permits. Play in sun when possible.
4.45 p. m_____ Toilet. Bath. (May be given in morning if more convenient.)
5.15 p. m_____ Supper.
Toilet. Wash. Brush teeth.
6.00 p. m_____ Bed. Lights out, windows open, door shut.

Schedule II

[When afternoon nap seems desirable]

7.30 a. m_____ Toilet. Bath. Brush teeth. Dress.
8.00 a. m_____ Breakfast.
Toilet for bowel movement. Wash hands.
Out of doors as soon after breakfast as weather permits. Play in sun when possible.
11.45 a. m_____ Toilet. Wash hands and face.
12.00 noon _____ Dinner.
12.30 p. m_____ Undress for nap. Toilet. Wash hands.
Nap.
2.30 p. m_____ Toilet. Wash hands. Dress.
Milk or fruit if needed.
Out of doors as long as weather permits. Play in sun when possible.
4.45 p. m_____ Toilet. Wash hands.
5.00 p. m_____ Supper.
Undress. Toilet. Wash. Brush teeth.
6.00 p. m_____ Bed. Lights out, windows open, door shut.

EATING HABITS[4]

Every little child should have—

1. Three (or four) meals a day at regular hours; the heaviest meal in the middle of the day.

[4] See also Food and eating habits, p. 45.

2. A well-planned and adequate diet. (See p. 51.)
3. No nibbles or tastes between meals.
4. Three or four glasses of water daily, preferably between meals.

A child who has been fed at regular intervals during babyhood expects meals at regular intervals. By the time a normal child is a year old he should no longer get a bottle, but should be on a diet of milk, cereals, vegetables, fruit, eggs, and cod-liver oil. It is time for him to grow used to the flavor of many vegetables and fruits. His mother will still have to hold the cup for him, but he should be learning to hold it himself. In a few more months he will have learned to handle a cup and spoon.

SLEEPING HABITS[5]

Every little child should—

1. Sleep 11 to 13 hours every night.
2. Take a nap or rest in bed for 1 to 2 hours in the middle of the day.
3. Always go to bed at a regular early hour—6 p. m. during early years and not later than 7 p. m. when 5 or 6 years old.
4. Sleep in a bed by himself in a room with the windows open and no light burning.
5. Expect no help in getting to sleep.

Children who have a regular bed hour usually get sleepy by that time and want to go to bed. Every child up to the age of 6 should have the habit of resting in the middle of the day.

HABITS OF PLAY AND EXERCISE

Fresh air and sunshine.

Every child should be outdoors part of every day—three to four hours in winter, five to six hours in summer—except on very windy, dry days, when much dust is flying, or on very cold and overcast or stormy days. Even in the coldest weather, if the day is sunny, the sunny part of the yard, if protected from wind, may be comfortable for active play. In the hottest weather children should stay in the shade during the middle part of the day. On rainy days a porch may be used or a room with the heat turned off and all the windows open.

Growing children need sunlight all the year round. Sunlight enables the child's body to grow properly by making the best use of the minerals in his food. Every child should get well tanned on the face, neck, chest, arms, and legs, and, if possible, on the rest of the body as well. To tan the child the sun must shine on his skin directly—not through clothing nor ordinary window glass.

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[5] See also Sleep and sleep habits, p. 65.

In cold weather the best time for getting sunlight is the middle of the day; in hot weather, between 8 and 11 a. m. and after 3 p. m. Let your child get a good coat of tan, but do not let him get burned by the hot sun.

If a child has not been used to exposure, let him get used to it by playing in the sun with bare arms and legs and getting them tanned before wearing only a sun suit. Dark-skinned children tan more quickly than fair-skinned ones.

In spring, summer, and fall the child who plays outdoors every sunny day wearing a sun suit part of the time will get plenty of sunshine. In winter, when more of the body must be covered and the sun is less strong, every child should play in the sun as much as possible; and the child under 2, who is at an age when he may still have rickets, may need indoor sun baths every sunny day. (See also Cod-liver oil, p. 60.)

To give an indoor sun bath, open a window at the top or bottom so that sunlight comes through the open space, put the child's play pen in the patch of sunlight, and let him play there. The room should be well heated and the doors closed, so that the child can first have arms and legs exposed and later wear his sun suit without being uncomfortable. Begin by giving the sun bath for a few minutes, increasing the time gradually to an hour. Move the play pen, if necessary, so as to keep it in the patch of sunlight. The child should be protected from wind during the sun baths, and if clouds cover the sun, a blanket or wrap should be thrown over him until the sun shines again.

The child under 2 years who is not accustomed to sun baths and the frail child need close supervision.

Learning to walk.

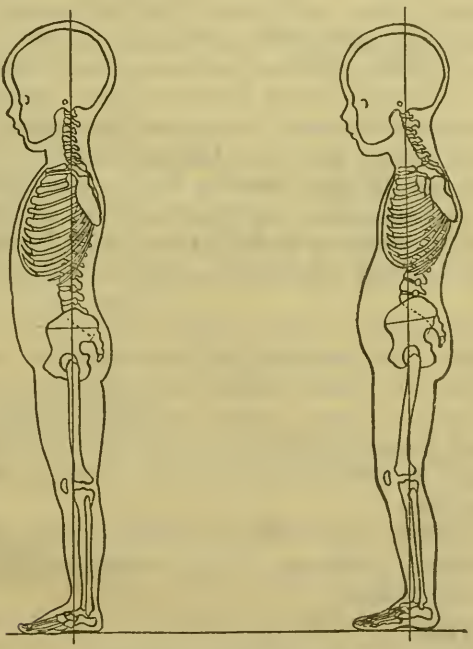
When a child first learns to walk, he is very unsteady; he places his feet far apart to help steady himself. Do not expect him to take his first steps on a slippery floor, as he may fall and lose confidence so that he will be afraid to try again. As he will have to do most of his walking in shoes and on hard floors and pavements, he should have suitable shoes as soon as he tries to walk. (See p. 78.) If he develops any peculiarity in gait, such as waddling, the doctor's attention should be called to it and he will find out whether the child has a deformity of the hip.

Teach children to stand with their feet straight forward and knees springy. Do not teach them to stand with toes turned out or with knees "locked" or held stiff. The child who toes out throws his weight on the inside of the foot instead of on the ball and will almost surely develop flatfoot. (See p. 32.) Walking on tiptoe with the toes turned in strengthens the foot and helps to prevent flatfoot. A tricycle suited to the child's size, which he moves forward by the use of pedals, exercises the feet correctly, for the child must keep his feet in good position in order to put the right pressure on the pedals.

"Jumpers," "walkers," and other types of apparatus should not be used to teach a child to walk, nor should cars that are pushed about by the feet but have no pedals be used too much even after a child can walk.

Balancing.

At an early age the child begins to delight in balancing himself. Climbing on chairs or jumping from low steps may come first; then climbing of a more daring type, walking on a narrow board, walking along cracks, hopping, skipping, and jumping rope. Carrying a glass of water so that it will not spill is done by many muscles working together; and when little daughter (or little son) is able to pass a glass of iced tea to one of mother's friends without spilling it, great skill has been attained.



Good and poor posture

The habit of standing well.

When a child first learns to stand and walk, he must begin to use new groups of muscles in order to maintain his balance in an upright position. Many of the large muscles of his body will be strengthened as he learns to climb and run and jump; but if he is to develop the habit of standing well, he must learn to use and strengthen the special ones that keep him well balanced in good posture. The most important of these muscles are those of the abdomen and the buttocks. The abdominal muscles pull in the abdomen. The big muscles of the buttocks help to keep the back from becoming too hollow. Even a little child of 3 or 4 can learn to use these muscles,

and as he does it he will gradually learn to raise his chest and hold his head up and his chin in.

Important, too, in standing or walking well, is the position of the feet. They should be parallel, pointing straight forward, and the ankles should not roll in. The names "flatfoot," "weak foot," "pronated foot," "broken arches," and "fallen arches" are given to conditions in which the foot is rolled outward and the ankle is bent inward. The foot is not really flattened nor are the arches actually broken down, but the muscles of the leg have become weak so that they are no longer able to hold the foot in the proper position. If a child's feet turn outward and his ankles bend inward, a doctor should be consulted, and he will give special exercises to strengthen the muscles of the feet and legs. The doctor will also advise about the right kind of shoes for a child with flatfoot to wear.

Muscles grow strong and work together better through use. Everyone uses his muscles with more zest in play than in any formal exercise, and little children who are old enough to run around do not have to be urged to use their muscles. Many a child, however, works his legs overtime, while his arms and trunk get little chance to grow strong by use. The parent's job is to encourage the children to use all their muscles and to provide apparatus and toys that will give them the opportunity to do so. (See p. 89.) Do not stop the baby's creeping and try to get him to walk, for creeping strengthens both trunk and arms; walking on all fours does it even more.

The child strengthens many muscles by lying on his back and kicking, reaching for dangling objects with his feet, pushing or pulling toy wagons or heavier objects, and, when he is older, by climbing ladders or trees or ropes or bars, shoveling, digging in the earth, building houses, pounding, and throwing balls. (See Play, p. 84.) Remember that shouting, singing, and even crying exercise the muscles of the chest.

Dancing, skipping, and walking on tiptoe bring into play muscles not used in ordinary walking. They strengthen especially the muscles that prevent flatfoot.

Exercise and rest.

Once a child has begun to walk steadily and to run, he spends many hours a day in great activity. He is apt to be on the go all the time, and he needs a daily nap or a period of rest in bed, even if he does not sleep at that time. Children seldom say that they are tired. They show fatigue by becoming cross or restless oftener than by wanting to sit down or to lie down. The child under 3 years who is very active in his play is often better off if he spends at least part of his outdoor time quietly. The child who is pushed in a go-cart is getting outdoor rest, but it should not take the place of a nap.

How much exercise a child should have depends on his individual needs. The thin, nervous child usually needs to be given toys that will keep him quiet part of the time. The heavy, slow child often

needs to be urged to do more. The little child in a large family often overdoes greatly by trying to keep up with the older children and should be given a chance to play less strenuously with companions of his own age. The irritable child who is spending much time indoors may be much improved by getting more outdoor life. The child who often comes in from violent outdoor play tired and cross may need an occasional break in his activity by resting quietly or having his mother read to him.

Harm can come of too much exercise or the unwise use of muscles. A little child may easily become overtired if he does the same thing for some time, such as holding his hand up to take the hand of an adult. He may become very tired by walking for some distance, where he would be less tired if for the same length of time he ran, jumped, and walked.

Every mother wants her child to develop a well-balanced, healthy, strong body, and this he can do only if he has both the exercise and the rest to meet his own particular needs. Rest is as necessary for strength as exercise.

Let the child use his big muscles as much as he will, but do not try to train his smaller muscles until later, when the big ones have grown strong and skillful. A child may be prepared to learn the finer hand movements by first learning the coarser ones. Let him first learn to hold a cup, then to handle a spoon and a fork, then to unbutton and button his clothes, to unlace and lace his shoes, then to string buttons and beads.

HABITS OF ELIMINATION

Every little child should—

1. Move the bowels once or twice a day.
2. Seldom move the bowels accidentally after the age of 1 year.
3. Seldom wet his clothes in the daytime after the age of 18 months.
4. Seldom wet the bed after the age of 2 years.

It is reasonable to expect that every healthy child before the end of the first year will have been trained by his mother to move the bowels regularly. (See Infant Care, p. 57, U. S. Children's Bureau Publication No. 8, 1929.)

At 1 year a baby normally urinates every one to three hours. By the end of 18 months a child should be able to control the passage of urine so that he will only rarely wet himself during the day if he is taken to the toilet often enough. At 2 years or soon afterward he should be able to ask to go to the toilet. But he should not be scolded for an occasional accident.

Usually he is not able to control the passage of urine at night until between the second and the third birthday. If at 3 years a child still wets his bed at night, a doctor should be consulted.

During the training period the child should meet with words of approval when he succeeds in doing what is expected of him but should not be scolded when he fails.

Toilet conveniences for the child.

The little child should not be expected to use a toilet built for adults. Small seats that can be placed on top of the ordinary toilet are now on the market. Quite as important as a comfortable seat is a firm support for the child's feet while he is seated on either the toilet or the nursery chair. A wooden box for this purpose and for the little boy to stand on in front of the toilet should be provided. If it is necessary to use an outdoor privy, a chamber or commode should be provided indoors for the little children and should be used during very cold weather and whenever else it is convenient.

Teaching the child to use the right words.

It is important for the child to associate with the toilet chair and with elimination the correct words—"toilet," "bowel movement," and "passing urine"—and not some special words understood only by the family. Many a child who is old enough to be greatly distressed by the accident has wet his clothes because some adult has failed to grasp the idea that "wee wee" or "tinky" or some other special word means that he needs to go to the toilet. These functions are normal, and should be treated in a perfectly matter-of-fact way. However, the toilet chair should distinctly belong in the nursery or the bathroom and should not be used in the living room or the kitchen. The child should learn early that certain things are done and talked of publicly and others are not.

Bowel training.

A child who has been allowed to go beyond the first year without learning to control his bowels must be taught in much the same way that the baby is taught. The mother must make up her mind to devote most of her time to him for several days. She probably knows at about what time his bowels usually move, and she should put him on the toilet before this time and keep him there not longer than 7 or 8 minutes. If he does not learn within two or three days to move his bowels at this time, a suppository or a soap stick may be used to stimulate the movement, but this should not be done more than a few times without a doctor's advice. The suppository should be inserted into the rectum and held there for 2 or 3 minutes by pressing the buttocks together, and then the child should be put upon the toilet chair to permit him to empty his bowels.

The bowel movement is most likely to take place within an hour after a meal, as the taking of food into the stomach starts movements along the whole digestive tract. The best time for the daily bowel movement is soon after breakfast. The older child should be expected to go to the toilet before he goes out to play.

Constipation.

Constipation is the passing of very hard material from the bowels, or the passing of a very small amount, or failure to empty the bowels daily. In young children it is much more often due to a poorly chosen diet and poor training in regular toilet habits than to any disease.

Castor oil or other cathartics should not be given except on the order of a doctor. Because of their irritating action, they cause the bowels to contract with greater violence than usual, so that the wastes are hurried through, or they cause water to be drawn from the rest of the body into the bowels and so flush out the wastes. Either kind is harmful when used often. Constipation is more often made worse by them than cured, for the diarrhea that they cause is usually followed by further constipation.

The following method may be used in handling a mild case of constipation:

1. Have a regular hour when the child is taught that his bowels are expected to move, preferably soon after breakfast.
2. Serve meals at regular hours and give a diet with a liberal allowance of the laxative foods as outlined on page 116.
3. Give 3 or 4 glasses of water a day.
4. Encourage vigorous out-of-door play.
5. Do not let the child become too impressed with the importance of having a bowel movement. If he occasionally goes for a day without a movement, do not worry unless he seems sick. Leave him alone at the toilet but do not let him sit there more than 7 or 8 minutes. If his bowels do not move, do not become anxious and do not urge nor coax him. Wait until the next day before trying again. Coaxing and anxiety on the part of the mother may increase the child's unwillingness to try to make his bowels move.

Constipation that persists in spite of such treatment should be reported to the doctor.

Teaching the dry habit.

Teaching the dry habit should be started by the time a child is 1 year of age if it has not been already begun. If he is to be kept dry, he should be given frequent opportunities to urinate. It is necessary to start by taking him to the toilet at regular intervals throughout the day, say every hour. If he is found sometimes to be wet at the end of an hour, shorten the interval to 40 minutes. If at the end of a few days the child remains dry all day, the interval may be increased little by little. Throughout the second year some children need to be taken to the toilet as often as every two hours; some

gradually learn to wait three hours. Usually, if a child from 1 to 4 years of age is taken to the toilet before and after each meal, before and after sleeping, and on coming in from play it is enough. When the outdoor play period is as long as three hours or more, most children of 2 or 3 years will need to be brought in to the toilet once in the middle of it; older ones may not. Though a child by the time he is 2 years old may learn to tell when he wants to go to the toilet, still he must be reminded each time until he is at least 4 years old. The daily plans for children 1 to 2 years, and 2 to 6 (see pp. 27, 28) are given as suggestive schedules for these age periods.

At 3½ or 4 years the child should be able to go to the toilet without being taken. The mother should give as much help and encouragement as he needs, but she should try to make him more and more independent. Visits to the toilet should not be times for petting.

By the time a child is 5 or 6 years old he may not need to go to the toilet so frequently. By this time he will be able to decide for himself whether he needs to go, but he will need occasionally to be reminded.

Diapers should be discarded early. Usually by the time the child is 12 months old he will do better to wear drawers in the daytime, and as early as possible diapers should be discarded at night also.

Clothes should be used that are unfastened easily. The child should be taught to unbutton his own clothes and when he is a little older to button them. If he is given plenty of time he usually can manage this pretty well by about the age of 3 years. Clothes made with an elastic at the waist—not too tight—are easily managed by a child of 2½ to 3 years. (See Clothing, p. 74.)

A child should never be left wet or soiled. The habit of keeping clothes dry will never be built up by leaving on wet ones. When a child whose habits are fairly well established wets himself, he should not be punished; he may well be made to feel, however, that he is missing something in having to spend playtime in changing his clothes, and should be made to take off the soiled ones and put on the clean ones by his own efforts as far as possible. He should not be disciplined, however, after an accident that occurs under unusual or fatiguing circumstances; for instance, if he has been taken for a ride or on a visit to some strange place. The unfamiliar surroundings and the increased nervous tension of such occasions frequently cause the breaking down of well-established habits of control.

Night training.—Many children who have perfect control of daytime urination continue to wet the bed at night. Establishing the dry habit at night calls for much the same routine as establishing it during the day. Training should have been begun early. The child should be given an opportunity to urinate on going to bed, and again at 10 o'clock or whenever the mother goes to bed. If this is attended to, and still bed wetting continues beyond the third year, consult the doctor. (See also Undesirable habits, p. 69.)

During the night training period remember the following:

1. Fluids should not be given in large amounts after 5 p. m.
2. Overexcitement or overfatigue in the late afternoon should be avoided, as these are likely to cause bed wetting.
3. Irritating or tight night clothes, too warm night clothes, and too heavy covers should be avoided—also chilling of the body by uncovering.
4. The bladder should be emptied at bedtime.
5. At 9 or 10 o'clock, or whatever is the mother's usual bedtime, wake the child and have him walk to the toilet and empty his bladder again. If when you get him up to go to the toilet he has already wet the bed, take him up earlier the next night. If necessary, set an alarm clock and wake him up again at 1 or 2 o'clock and at 5.30 or 6 in the morning.
6. A child should never be encouraged to urinate when asleep or half asleep. Parents who let a child use the toilet without waking him are teaching him the very habit that should be overcome.
7. Be prepared to change the child's night clothes and bedding. Never leave him wet, since this keeps him accustomed to the feeling of wetness. Never let a wet bed be an excuse for his getting into bed with some one else.
8. Praise for keeping the bed dry is always more effective than punishment for wetting it.

CARE OF THE CHILD'S BODY

Every child should—

1. Have a daily bath.
2. Brush his teeth morning and night.
3. Wash his hands before meals and after going to the toilet.
4. Have his hair washed once a week.

The bath.

The child who plays in the sand pile, on the floor, or in the yard certainly needs a daily sponge bath or tub bath as much as does the little baby. The temperature of the bath water should be between 95° and 105° F. and that of the bathroom about 75° F.

The tub bath, with a final spray, is the most convenient one to give, as well as the one most enjoyed. With some bathtubs a board can be placed across the foot of the tub so that a child can stand on it to be soaped or dried, and the mother will not have to lean over so far to help him. When it is necessary to save hot water, a foot tub placed on such a board can be used instead of the bathtub itself. If the house has no bathtub, a washtub or foot tub may be used in a warm room.

When using a washtub or foot tub for baths the mother can save herself much lifting by filling the tub through a rubber hose attached

to the faucet in the sink. The hose, with a spray attachment, may be used for rinsing the soapy water off the child at the end of the bath.

Teach the child to bathe himself.—The child should learn as early as possible to bathe himself and dry himself well, though the mother will have to supervise the bath throughout the preschool period. The ordinary tub bath with a final spray gives the child the greatest opportunity to learn to bathe himself.

Towels and wash cloths.—Each child should be taught to use his own towels and wash cloths and no one else's. Ordinary wash cloths of soft turkish toweling are suitable for a child over 1 year. A large, soft turkish towel is the best for drying the body, and a huck hand towel or a small, soft, light-weight turkish towel for the face, ears, and neck.

Soap.—Castile soap (made of pure olive oil) is best for a young child's skin, though many of the other mild toilet soaps are good. As soap removes the natural oil from the skin, it should be thoroughly rinsed off with fresh water.

Talcum powder.—If the skin is carefully dried after the bath, there will be little need for powder. It should be used only after the skin is dry. In summer it is useful to prevent chafing of skin where parts rub together. No powder containing stearate of zinc should be used unless ordered by the doctor. (See p. 24.)

Oil.—If a child's skin is very dry or easily chapped, it may be rubbed with mineral oil after the bath.

Genitals.

The boy who has not been circumcised should have the foreskin pushed back several times a week until the whole glans (end of the penis) can be seen, and the depression at the base can be washed clean and free from the white material that often collects there. If the parents do not know how to do this, the doctor will show them; and if it has not been done regularly, he may have to help them release the tissues that sometimes bind the foreskin to the glans.

The genitals of little girls should be washed morning and night; otherwise they are often found to be red and irritated. This rarely is seen in a child who has a tub bath daily. If powder is used to prevent chafing, care must be taken that it does not get in between the labia (folds of the genitals), as this causes irritation.

Hands.

A child of 18 to 24 months can begin to learn to wash his own hands, standing on a box so that he can reach the washbasin. As he grows older, he must learn to do it thoroughly. He should not be allowed to turn the water on and off until he is 4 or 5 years old; that is, old enough not to burn himself with the hot water. He should use soap and a wash cloth. If his hands are not clean after he has washed them, help him to get them clean. Hands should be washed regularly before each meal and after going to the toilet.

Finger nails and toe nails.

Teach children to use a nailbrush when washing the hands. Nails should be cut short, so that there will be no temptation to bite them. Cleaning the finger nails should be part of the morning toilet. If you train children to notice their nails, they will take pride in clean, well-kept ones.

Toe nails should be cut straight across so that ingrowing nails will not develop.

Eyes.

Normal healthy eyes need no special cleansing. If eyes become red and bloodshot, or if any discharge comes from them, a doctor should be consulted. (See Eye disorders, p. 115.) If the eyes are irritated from dust, wind, or sunburn, cool, wet compresses will usually relieve the discomfort.

Ears.

The outer ear should be washed daily with soap and water and dried thoroughly. No attempt should be made to remove wax that is beyond the reach of the wash cloth. Any odor or discharge from the ear should be reported at once to a doctor, as it is a sign of infection. (See Ear disorders, p. 114.)

A lesson in cleanliness

Nose.

A child should be taught to blow his nose with a handkerchief held in front of it, without pressing on either side. Do not, however, let him try to blow his nose if it is so stopped up that he can not breathe through it, nor close one nostril and blow if the other side is stopped up. Hard blowing of the nose may carry infection into the ears or sinuses.

If crusts are present in a child's nose, oil the inner lining of the nose with mineral oil by putting two or three drops of the oil up each nostril. The oil will soften and loosen the crusts and they can then be blown out readily. No further cleansing is needed.

Never squirt into a child's nose a medicine dropper full of oil; this is too much.

Provide every child with handkerchiefs. He must learn to use his own and never borrow anyone else's, not even his mother's.

Teeth.

The habit of caring for the teeth regularly should be learned by little children. They should learn also to expect a visit to the dentist twice a year. (See also Teeth, p. 41.)

Hair.

Wash the hair of a little child once a week, winter or summer, and wash brushes and combs at the same time. In winter dry the hair quickly with vigorous rubbing in a warm room. In summer, it may well be dried in the direct sunshine. It is best to use liquid soap, which can be prepared readily by heating soap shavings and water until the soap is dissolved. It is often simpler to wash the hair during the tub bath, first wetting the hair, then rubbing thoroughly both scalp and hair with soap, and then rinsing the hair several times by means of a spray or pitcher of water until all soap is removed. For the older child it may be more satisfactory to use a basin. Care always must be taken not to get soap into the eyes, and the rinsing water should be guided away from the face.

If yellow crusts are seen on the scalp, the head should be well rubbed with oil at night and washed in the morning at least twice a week. Plenty of warm water and soap should be rubbed in with a wash cloth and the crusts soaked off. Rinse the hair thoroughly. A fine-toothed comb should not be used.

Hair should be brushed daily.

CLOTHING HABITS

Habits of cleanliness and neatness in clothing should be established while the child is young. Get the child used to frequent changes of underclothing. Teach him to want to have all his clothes in good condition and well buttoned up. Getting clothes dirty by playing in the yard is to be expected and not frowned upon. As far as possible have clothes washable, and change them often. Children should never be allowed to cover soiled or torn underwear with fine outer garments. The clothes that do not show are as important as those that do.

Low hooks for coats, dresses, etc., low shelves for shoes and rubbers, and bureau drawers that the child can open and close without help are all aids in the habit of caring for clothing. (See also Clothing, p. 74.)

Teeth

Nothing is of more interest to the whole family than a baby's first teeth, but the interest is not very lasting. This is unfortunate, as most of the teeth come through after infancy. As a rule only 6 of the 20 baby teeth have come through by the first birthday, and the remaining 14 come in during the year and a half following—10 during the second year and 4 in the six months after that. The child will then have all his temporary teeth, and no more teeth come in until about the sixth year, when four permanent teeth, the sixth-year molars, appear.

TEETHING

Children differ greatly in the matter of teething. Many seem to be no more disturbed by the coming of their teeth than they are by the growing of their hair. Many are irritable and refuse their food. A very few seem really sick at the coming of each tooth and are feverish. It is never safe to assume that illness is due to teething; usually, if an examination is made by a doctor, some other cause for the fever is found. During the teething period the child should be given such hard, crisp foods as toast.

BUILDING AND SAVING THE TEETH

If the child is to have good permanent teeth—straight, strong, and regular, with the upper and lower sets meeting to form a good chewing machine—his baby teeth must be kept in good condition until the permanent ones are ready to come in. The permanent teeth come in from the sixth to the tenth year, and until then the child needs his baby teeth to chew his food and to hold the jaws in shape so that the permanent teeth will have plenty of room. If the baby teeth are to be kept in good condition as long as they are needed, they must be built of good material and they must be taken care of properly at home and by a dentist. Every effort should be made to save the baby teeth.

BUILDING STRONG TEETH

The material of which the teeth are built depends largely upon the nourishment of the body. As the temporary teeth are entirely formed before birth, the mother is the child's only source of nourishment while these teeth are being built; and, if during this time she does not receive enough outdoor sunshine and enough of the foods that supply the elements for tooth building, her own teeth may suffer and the baby's teeth may be built of poor material. As the permanent teeth are begun before birth and are forming all through early

childhood, the material of which they are built is influenced by the mother's nutrition during pregnancy and the nursing period and by the child's own nutrition. Foods that supply the elements needed for tooth building are milk, cod-liver oil, fruit—especially oranges—green leafy vegetables, raw vegetables, and egg yolk. These foods not only should be part of the diet of the mother during pregnancy and the nursing period but should be in the diet of the child also.

In preventing decay of the teeth, diet is of great importance. The same foods that build strong teeth will help very greatly to prevent decay. Too much sugar and other sweets in the diet bring about conditions that may have a bad effect on the teeth. Eating too much sugar usually makes the child neglect other important foods. (See Sweets, p. 60.)

The structure of the permanent teeth may be influenced by the child's health during the years in which they are forming, especially the first three or four years; any serious disease may cause defects in the permanent teeth. Thus rickets may damage the permanent teeth that are in process of formation at this time (the sixth-year molars and a number of the front teeth). Cod-liver oil and sun baths are needed for tooth building, especially during the first two years, the period of greatest susceptibility to rickets.

BUILDING STRAIGHT, REGULAR TEETH

Whether the child's teeth are straight and regular or crooked and crowded depends on the way the dental arches of bone develop. This depends on (1) whether the child is properly nourished; (2) whether his jaws have received the proper exercise during the early months of life by sucking the breast rather than a rubber nipple, and, later, throughout the preschool years, by biting on hard foods, such as toast and raw apples, and on foods that must be well chewed, such as meat and coarse bread; and (3) whether decay and loss of teeth have been prevented by proper diet and adequate dental care. Poorly shaped arches may be caused by adenoids, which result in mouth breathing, or by the habit of sucking on fingers, thumbs, or "pacifiers."

As the preschool years pass, spaces appear between the baby teeth showing that the jaws are growing to allow more room for the larger permanent teeth.

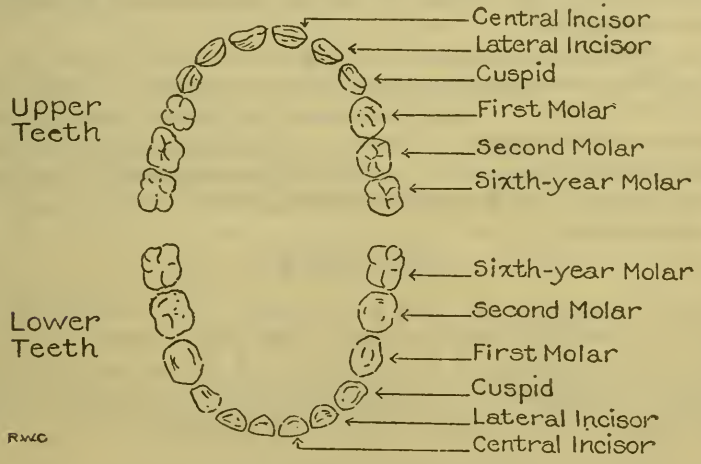
HOME CARE

Regular cleaning is necessary to free the teeth from soft, sticky food, for if this is not removed, it causes tooth decay. Eating raw fruits or vegetables at the end of a meal helps to remove soft food from the teeth. As soon as the first teeth have come through they should be brushed with a small brush dipped in cool salt water (one-half teaspoonful of salt to a glass of water) or in plain water. The toothbrush for the very little child should have only one row of

tufts, widely spaced and only moderately stiff, and for the older child not more than two rows.

Brush downward when cleaning the upper teeth, upward when cleaning the lower, brushing both the inside and the outside of all teeth and also the chewing surfaces. It is well to brush the teeth two minutes by the clock morning and night and if possible after the midday meal. The gums should be brushed to toughen them but not so hard as to injure them. Rinse the mouth thoroughly after each brushing.

The mother should encourage the child to learn to brush his own teeth, but until she is sure he can do it thoroughly—usually at about school age—she should supervise all the brushings and be certain the teeth are clean.



Teeth of the six-year-old child

DENTIST'S CARE

Every child at 2 years should be taken to the dentist for thorough inspection and cleaning of the teeth; he may be taken before he is 2. If the first visit to the dentist is for these purposes only, the child will usually enjoy going.

Every six months the visit should be repeated. Then any small cavity will be found by the dentist soon after it appears, and it can be filled then with littled discomfort for the child.

If a small cavity is not filled, the tooth will decay still more, and the results of this neglect are familiar to all—ugly, broken teeth, toothaches, and gumboils. The child with a sore tooth tries not to bite on it and is likely to avoid wholesome foods that need to be chewed or else to chew on one side of his mouth. If the cavity becomes very large, the root of the tooth is likely to become infected and the tooth may have to be pulled out. The shape of the jaw will suffer, from either lack of exercise or loss of teeth, and the permanent

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teeth that are being built may not have room enough to come in straight. A child who has poor, decayed, or abscessed teeth is likely to have a poor appetite. Any tooth that is devitalized, that is, one in which decay has destroyed the nerve, should be watched closely for abscess formation at its roots.

THE SIXTH-YEAR MOLARS

Perhaps the most important teeth in childhood—and certainly the most neglected—are the sixth-year molars. These two pairs of permanent teeth, which come in between the fifth and seventh birthdays, do not take the place of any baby teeth, but come in directly behind them. They are therefore often wrongly thought to be baby teeth. The sixth-year molar is the sixth tooth from the front on each side.

As the sixth-year molars are the first permanent ones to come through, they act as anchors to which the others tie; and if they are lost, the others are likely to come in crooked and the dental arch to be poorly formed. As soon as the chewing surface of each of these teeth has appeared, it should be examined by a dentist. Great care should be taken to brush these teeth thoroughly; they are often overlooked.

THE GUMS

The gums should be firm and a clear, light pink in color, and they should hold the teeth firmly in place. The gums should be inspected for signs of gumboils and for discharge of pus around the top of the tooth. A gumboil is not always painful, but it always means that there is an abscess around the root of the tooth.

The teeth are affected by whatever affects the body as a whole. Factors that bring about poor general health are likely to affect the teeth. The child whose general health is good, who has the supervision of a doctor and a dentist, who gets proper food and enough sunshine, sleep, and exercise, will probably have good teeth.

Food and Eating Habits

GOOD EATING HABITS

Good eating habits have much to do with health, especially in childhood, the period of active growth. The child should learn early in life to eat at regular intervals, to eat a simple, wholesome diet, and to take what is set before him. Coaxing and urging will not teach a child to eat, but most children with healthy appetites are ready to eat almost anything that is offered them. A child should come to his meals hungry if he is to learn to eat everything served to him. He should have nothing to eat between meals that will keep him from being really hungry for his next meal.

It should be realized that some children naturally have better appetites than others. If a child shows the signs of good health (see p. 10) and gains weight steadily and if he is eating a well-planned diet (see p. 53) his mother should not worry because he does not seem to want so much food as some other children. He may not need so much.

HOW CHILDREN FORM FOOD HABITS

Little children imitate grown-ups and older children. Eating habits are not inherited. The child who as a baby has been fed at regular intervals and who has received a variety of vegetables, fruit, and cereals during the latter part of his first year usually presents no special feeding problems unless he comes in contact with people whose fussiness about food he learns to imitate.

Aunty, who "simply can't touch tomatoes," Grandma, who "hasn't been able to eat celery since she lost her teeth," Father, who "never saw such a tough piece of meat in his life," the delicate friend who is "on a diet," are serious problems to the mother who wants her child to learn to eat without comment what is served him. Often she needs to start the child's training by persuading the adults (when the child is not present) to eat whatever is offered, or, if refusal is really necessary, to refuse without comment.

"But daddy doesn't eat his spinach" is a difficult argument to meet, for the child will not understand the reason for the father's refusal.

A child's dislike for a single food may often be traced to the mother's dislike for it. The odor and flavor of cod-liver oil, for example, are unpleasant to many adults and pleasant to almost all children. Children will often ask for more or beg to lick the spoon. If a child hears adults talk about their dislike for it, he also will learn to dislike it. If the mother expects him to enjoy it, he usually does.

Undesirable eating habits must not be allowed to develop in the child even if they exist in the older members of the family. Do not let food become a topic of conversation at the table. Meals should be well cooked and attractively served for both adults and children, but it is not wise to discuss food before children, whether to praise it or complain of it. Do not discuss a child's eating habits before him.

REGULAR HOURS FOR MEALS

Meals should be served at regular intervals and no nibbles or sweets allowed between times. Very young children may need four meals a day. If there seems to be too long a wait between the time they wake and the breakfast hour, they should have milk and toast soon after waking. If they have an early breakfast, they may need food between breakfast and dinner, or if dinner is early, between dinner and supper. Such a midmorning or midafternoon lunch should consist of a glass of milk and a piece of bread, or fruit—not a cake or a doughnut—and it should be served at a regular hour. If a child does not eat his dinner or his supper well, these lunches must not be given.

LEARNING TO DRINK MILK FROM A CUP

When a baby is about 9 months old, it is helpful to start giving him part of his milk in a cup. This will make it easier for him to learn to like milk in a cup. When he has reached the age of a year, however, he should drink all his milk from a cup. If he is still drinking from a bottle, it should be given up. If he has been in the habit of drinking water from a cup, he will probably learn more quickly to drink milk also from a cup. He may be very stubborn, however, in his desire for his bottle, and even go without food for a day or two rather than drink from a cup; but the parents, once they have undertaken to stop the bottle habit, must not turn back. It is best to start breaking the habit at a time when it will be possible to carry it through—not, for example, when the child is ill. He must be offered milk in a cup with each meal. If he refuses it, do not offer him a bottle nor coax him with sweetened milk or cocoa. He will not do himself any harm by going without milk for a few days, and life will be much simpler both for him and for his parents if this problem is solved once for all. Before long he will take the milk from a cup. It is a step backward to give in to him and let him have the bottle he is crying for.

Parents need to be specially cautioned not to allow the child to continue to have one bottle at naptime, bedtime, or during the night. This will only prolong the bottle habit and keep him from learning to drink from a cup.

Many times the mother's efforts to get her child into a good habit are made useless by the father's lack of understanding of the situation or by the attitude of a well-meaning relative who thinks it "cruel to let that child cry." This is another example of the need

for all the adults of a family, especially the mother and father, to work together.

Sometimes when a child is being taught to drink milk from a cup he will dislike the cup so much that he will refuse to drink any milk at all. He will then have to be taught in a different way. (See below.)

WATER

All children should be taught to drink cool unflavored water several times a day, preferably between meals. The habit of drinking a glass of water as soon as the table is reached should be discouraged, since the water fills the stomach and takes away the desire for nourishing food.

TEACHING A CHILD TO EAT A MIXED DIET

Most children receive a fairly varied diet after the tenth or eleventh month; but a child who until he is 12 or 15 months old has had a diet limited to milk, cereal, and perhaps one vegetable, must be taught to accept a variety of foods. This may not be easy, for a food of strange flavor or strange texture is often refused at first. If, however, a small amount, even a teaspoonful, of the new food is offered the next day and the next without any special urging, the child will learn to take it. The example of an older brother or sister or an adult who is seen to enjoy the new food is helpful. If the child persistently refuses a food, it is often wise to stop serving it for a week or 10 days and then without any comment or special emphasis start again. He will probably have forgotten his objection and eat the food willingly.

New foods should be offered when the child is really hungry; that is, at the beginning of a meal.

THE CHILD WHO REFUSES TO EAT WHAT IS GOOD FOR HIM

Occasionally a child will show stubbornness in his refusal to drink milk or to take a particular solid food or even all solid foods, and it may become necessary to teach him to eat them by letting him get really hungry. If he is being taught to eat any solid food, a small serving should be offered at the beginning of the meal and the child told very quietly that when he has eaten the food he can have his milk and the rest of his dinner; if it is refused, do not substitute any other food, not even milk, but remove the whole meal *without saying anything or even looking disturbed.* Nothing but water should be offered until the next regular meal hour, and then again the same solid food should be offered. If the child again refuses it, again the food must be quietly removed *without comment.* Usually by the time the third meal is offered the child's hunger is sufficient to overcome his stubbornness and he will take some solid food. The serving should be small, but it should be eaten before milk or other food is given, not just nibbled at and pushed aside.

Sometimes a child likes solid foods best and therefore refuses to drink milk. In teaching such a child to drink milk the same general method must be used. A small cup of milk should be offered at the beginning of the meal and the child told quietly that when he has drunk it he can have the rest of his meal; if the milk is refused, give no food of any kind and remove the milk *without saying anything*. Nothing but water should be given between meals, and just before meal hour not even water should be given. At the next regular meal a cup of milk should be offered as before. As when the child is learning to eat solid food, hunger will usually make him give in soon and drink the milk.

Most children will eat anything if they are really hungry. Sometimes they have to be *very* hungry before they will learn to eat certain foods which they have grown to dislike or have persistently refused. Children may go 24 or 48 hours or even longer without food rather than take the special food offered, but if plenty of water is given this will not hurt them and sooner or later hunger will win out. The child's healthy growth and development depend so much on a properly planned diet that such measures are justifiable.

Consistency, calmness, and firmness must be the keynote of the parents' attitude. If the mother becomes wrought up over the situation, the child is quick to detect it and will make the most of it. Excitement, anger, even impatience should play no part. A casual attitude is essential, for the child who refuses food is probably seeking attention.

If a child wishes to eat one food, such as milk, potatoes, or bread, to the exclusion of others, you may have to withdraw this food entirely from his diet or give less of it for a short time, while he learns to eat other foods, even though he objects.

Ordinarily the wise mother will take the attitude of expecting the child to eat what is good for him, encouraging him without coaxing or urging him to eat. She will not allow meals to assume too important a place in the child's mind.

GAINING ATTENTION BY MISBEHAVING AT MEALTIME

Mealtime is frequently used by a little child as an opportunity to demand a great deal of attention. The child should receive attention only when he does the right thing. He must be encouraged to feed himself. If attention is not given in the form of approval of his successful efforts to feed himself, he may try to get it by refusing to eat, by tantrums, or occasionally by vomiting.

In the somewhat older child desire for attention is usually the cause of such misbehavior as throwing dishes on the floor and spitting out food. The handling of such situations must vary with the child. Removing the older child from the family table is the best way of removing him from the family attention. Often it is best to show disapproval by a few words and then forget the

episode. It is never wise to keep bringing it up. It is better to give the child attention when he folds his bib neatly, when he carries his empty bowl to the kitchen, or when he drinks water without spilling it, than to give him attention when he breaks a dish or refuses food.

OCCASIONAL REFUSAL OF FOOD

Although a well child whose food is served at regular hours usually eats his meals without question, he may refuse a meal occasionally. This need cause no anxiety. If the main part of the meal is not eaten, sweets should be withheld and no food given until the next meal hour. Never force a child to eat. Do not urge a tired or excited child to eat. Do not expect a crying, unhappy child to enjoy a meal. Wait a few minutes for the storm to pass. Mealtimes should not be times for unhappiness. Such threats as "Your father will attend to you after supper" may take away the child's desire for food or even bring on a vomiting attack if they fill his mind with fear and anxiety. On the other hand, happiness aids digestion.

THE CHILD WHO VOMITS HABITUALLY

Occasionally a child develops the habit of vomiting directly after he has eaten or during a meal, apparently without cause. This may have started when he was sick, as with whooping cough, and have been continued as a habit, or it may have started because of some difficulty in managing the child.

Habitual vomiting often causes great anxiety to parents, because it interferes with the child's health. Any child who vomits habitually should be under a doctor's care. He may find that a change in the method of managing the child will be of great value in helping to solve the problem. (See section on "Some problems that every family meets," p. 103.)

LEARNING TO FEED HIMSELF

While the child is learning to feed himself and getting used to a variety of foods, it is well to let him eat by himself or with other young children. The business of eating is a serious one and demands all his attention. He should not be distracted by interest in what the adults are saying or doing. While he is still learning he will surely spill the food or get his fingers into it. He will need to be shown how to hold his spoon and cup and otherwise be helped.

He should be seated at a low, comfortable table. The table cover should be oilcloth or other easily washed material. A cup with a handle is easier for the young child to hold than a glass, and there is less chance of spilling food from a deep dish with rounded sides than from a shallow one. He should have a spoon with a straight handle, and at an early age should learn the correct way to hold it. He should have a large, easily washed bib.

Some one needs to stay near the little child and supervise his meal until he has learned to manage for himself. It often takes less of the mother's time to feed a child than to let him feed himself; nevertheless, she must give him the opportunity to learn to manage his own cup and spoon, and later his fork and knife. By this means he is learning a lesson not only in skill but in independence. A little child who has learned to feed himself fairly well may need help toward the end of a meal, for he grows tired before his hunger is satisfied. It is unwise to keep on helping him too long, for an older child quite able to feed himself may find it easier to let his mother help him than to be independent.

Supper at 5 o'clock

Encourage your child to eat daintily and to chew his food well. Teach him to take small mouthfuls and not to wash down solids with water or milk. Serve his food attractively and in small helpings. Pretty dishes, table covers, and bibs help to make mealtimes pleasant.

It is better for the child to have second helpings than to get into the habit of not eating all the first helping. The proper foods, served in reasonable variety, simply prepared and served so that he can handle them, will please him. Do not place the dessert on the table until the child has eaten the rest of his meal.

EATING WITH THE FAMILY

Even after the child is feeding himself fairly well he should continue to eat alone or with the older children for a time, not at the

family table. The greater confusion of the grown-ups' table is undesirable, and even more so are the comments made by them about his not always successful efforts. Such remarks as "Look out, that child is going to spill," "Heavens, what a mouthful," "Do make that child eat properly" are not only bad for him but annoying and distracting to the whole family.

When the child has acquired sufficient skill in eating so that he may take his place at the family table without too much disturbance to him or to them, he should sit on an ordinary chair with a high cushion that will enable him to reach his food comfortably, and a tray should be put under his plate and cup so that if he should spill anything it would not matter. He should sit next to some grown person who can give him what help he needs, and he should not get attention from the others. At first, coming to the family table should be only an occasional treat. The morning or the midday meal should be the first to be eaten with the family. The evening meal is best eaten alone by the children throughout the preschool period. If the family regularly eats supper between 5 and 5.30 the child of 5 or 6 may eat his supper with them.

It is best not to make the child's first visits to the family table special festive occasions such as Christmas or Thanksgiving. The combined excitement of the holiday and the new experience of eating with the family may easily upset his digestion and will almost certainly bring about some kind of accident.

GROWN-UPS' FOOD NOT FOR CHILDREN

It is well to make children realize early that certain foods, such as tea, coffee, pie, and rich cake, are grown-ups' foods. Do not give a child tastes of food that you do not consider good for him to eat. He will only want more of it. Food that a child never tastes he rarely desires. If he does ask for it, it is usually easy to answer "No, that is for the grown-ups; you may have some when you are older." Begging and teasing for a bite should never be successful.

Parties and birthdays should not be times for foods not usually considered wholesome. Let the child choose his birthday dinner, if you like, from the foods that he is ordinarily allowed. (See Christmas and parties, p. 93.)

THE FOOD THAT A CHILD NEEDS [1]

In order that a child may be healthy, well nourished, and vigorous, he must eat the foods that meet his needs. The food requirements of a child are greater than those of an adult: An adult's food must keep him warm and supply him with energy, maintain his body processes, and repair his worn-out tissues. A child's food must do all these things and must also build new tissues constantly, as he grows

[1] Recipes for preparing children's food are given in Food for Young Children (Farmers' Bulletin No. 717, U. S. Department of Agriculture, Washington, 1920. New edition in preparation).

taller and gains in weight month by month. If a child's diet does not supply all these needs, he may suffer from malnutrition. (See p. 118.)

When a mother plans the day's meals for her child, she should know which foods supply the elements that he needs. The following list shows the foods in which the various elements are found most plentifully and the purposes for which they are needed. The foods are divided into two groups: (1) Those that keep the body warm and supply it with energy; and (2) those that repair worn-out tissues, maintain the body processes, and allow for growth.

FOOD ELEMENTS THAT A CHILD NEEDS TO SUPPLY HEAT AND ENERGY

Food elements	Found most plentifully in—	Why needed
1. Carbohydrates (starches and sugars).	Cereals, bread, rice, macaroni, fruits, vegetables (especially potatoes), sugar and other sweets.	To supply energy, to keep the body warm, and to build body fat.
2. Fats	Butter, cream, milk, vegetable oils, cod-liver oil, meat fats.	To supply energy, to keep the body warm, and to build body fat.

FOOD ELEMENTS THAT MAINTAIN A CHILD'S BODY PROCESSES, REPAIR AND BUILD BODY TISSUES, AND ALLOW FOR GROWTH

Food elements	Found most plentifully in—	Why needed
1. Protein	Milk, meat, fish, eggs	To repair worn-out tissues; to build new tissues.
2. Minerals	Milk, green vegetables, fruit, egg yolk, meat, fish, whole-grain cereals.	To maintain body processes; to build bones, teeth, blood, and other parts of the body.
Calcium	Milk (chiefly); also in vegetables and some fruits.	To build teeth and bones.
Phosphorus	Milk, eggs, meat, fish, whole-grain cereals.	To build bones, teeth, and nerve tissue.
Iron	Egg yolk, dark-green leafy vegetables and other vegetables, meat (especially liver), fruit, whole-grain cereals.	To build red blood cells and thus to prevent anemia.
Copper	Liver, whole-grain cereals, peas and beans, egg yolk.	To help in preventing anemia.
Iodine	Sea food, vegetables, fruits, cereals, drinking water, milk. (Iodine may be absent in all food and water in certain "goiter regions." See p. 116.)	To bring about proper action of thyroid gland and thus to prevent certain forms of goiter.
3. Vitamins:		
Vitamin A	Whole milk, cream, butter, egg yolk, cod-liver oil, liver, dark-green leafy vegetables. Vitamin A is lacking in margarin, except that made from beef fat.	For growth; to increase resistance to infections; to prevent xerophthalmia (an eye disease).

FOOD ELEMENTS THAT MAINTAIN A CHILD'S BODY PROCESSES, ETC.—Continued

Food elements	Found most plentifully in—	Why needed
3. Vitamins—Con.		
Vitamin B_1 (or F).[1]	Vegetables—especially leafy vegetables—whole-grain cereals (especially those containing the germ of the grain), fruit, and to a slight extent milk.[2]	For growth; to stimulate appetite; to prevent beriberi (a disease of the nervous system).
Vitamin C	Raw fruit (especially citrous fruit—oranges, grapefruit, lemons), raw or canned tomatoes, raw cabbage, raw carrots, raw turnips (pulp or juice).	For growth; to help build good teeth; to prevent scurvy.
Vitamin D	Cod-liver oil, egg yolk[3]	To prevent rickets; to help build good teeth.
4. Roughage	Fruit, vegetables, whole-grain cereals, and bread.	To regulate bowels and prevent constipation.
5. Water	Fruit, vegetables, milk, and soups. (In addition some drinking water must be taken every day.)	To help build and maintain blood and tissues; to provide proper elimination by kidneys and intestines; to help regulate body heat.

[1] It is generally believed that vitamin B is made up of at least two independent elements, B_1 or F (described above) and B_2 or G, believed by some to be the factor that prevents pellagra. B_2 is more abundantly present in milk and green leafy vegetables than is B_1.

[2] See Milk, p. 54.

[3] Vitamin D is also present in viosterol (a medicine made by treating a substance called ergosterol with ultra-violet light) and in certain foods that have been so treated. Viosterol or irradiated foods should not be used unless ordered by a physician.

A WELL-PLANNED DIET

A well-planned diet for an average child from 1 to 6 years contains:

A pint and a half of whole milk a day, but not more than a quart. (See p. 54.)

Fruit once or twice a day, including at least one raw fruit, such as orange, grapefruit, apple, or banana. (See p. 57.)

One or more fresh vegetables a day, including a green leafy vegetable such as lettuce, spinach, or beet greens at least three or four times a week—preferably daily. (See p. 56.)

A "starchy vegetable" such as potato, rice, or macaroni once a day. (See p. 61.)

An egg daily. (See p. 59.)

A serving of fresh meat or fish daily by the time the child is 18 months old; before that three or four times a week. (See p. 59.)

Cereal once or twice a day. (See p. 58.)

Bread and butter two or three times a day. (See p. 58.)

Cod-liver oil daily (at least for children under 2 years). (See p. 60.)

These foods are needed by the average child for his proper growth and development, and it is desirable that a child's daily diet should include them all. It should be remembered, however, that no harm will be done if occasionally one food must be omitted or if sometimes a child does not drink all his milk. Appetite for different foods varies from time to time and in different children, and it is not wise to insist that each food be eaten in the same quantity every day. A child will probably learn to like and eat well all these foods if they are given for the first time when he is hungry, if he sees others eating them with pleasure, and if mealtimes are pleasant occasions without discussion of food, coaxing, urging, or scolding.

A list of foods suitable for children from 1 to 2 years will be found on page 61, and a similar list for children from 2 to 6 years on page 62.

The meals for the whole day should be planned on the basis of the children's food needs for the day, and not meal by meal. If meals are planned separately, there is always danger that some of the essential foods will be left out.

A regular schedule of meal hours should be closely followed.

MILK

Milk is an essential part of every child's diet. The average child should receive a pint and a half daily. Some children grow best if they receive a quart a day, some if they receive only a pint. As a rule, not less than a pint and not more than a quart of milk should be given daily.

Milk contains proteins of the quality most needed for growth; it contains fat and carbohydrate for energy. It is the best source of calcium, a good source of phosphorus, a poor source of iron, an excellent source of vitamin A, a fair source of vitamins B and C, and a poor source of vitamin D. When milk is pasteurized or boiled, a considerable amount of vitamin C is destroyed.

If the average child takes a pint and a half of milk daily, he will receive a sufficient amount of calcium and of vitamin A and also a considerable amount of proteins for growth and of fat and carbohydrate for energy.

Milk is the best single food for a growing child, but it will not supply all the food elements in sufficient amounts to provide for normal growth. It must be supplemented with foods that supply iron, vitamins B, C, and D, and energy. (See p. 52.)

Production and distribution of milk.

Milk is perishable and is easily contaminated with disease germs from cows and from human beings. It should be taken only from healthy animals and should be chilled at once, kept clean, cold, and covered, and handled carefully throughout by healthy persons. Persons handling milk for distribution should have frequent medical examinations, and cows should be examined and tested regularly for

tuberculosis. As much care should be taken with milk for use on the premises or for distribution to neighbors as is taken in the larger dairies.

All milk should be pasteurized, even "certified milk" (milk produced and handled under as nearly ideal conditions as possible and certified by a medical milk commission). Proper pasteurization is heating milk for at least 30 minutes at a temperature that kills disease germs (143°–145° F). It does not make dirty milk a clean food, but it adds an important factor of safety. Even though milk is to be pasteurized, it must be produced under conditions that are as clean as possible.

What milk to buy.

The cleanest and best milk obtainable should be bought. Certified milk that has been pasteurized is the ideal milk, but it is available to only a few people. A good grade of milk, properly pasteurized, should be bought wherever it is available, preferably that coming from dairies where the cows have been tuberculin tested and the standards of cleanliness are high, such as Grade A pasteurized milk. Pasteurized milk should be used within 36 hours of pasteurization.

In districts where pasteurized milk can not be had, the best raw milk available (from tuberculin-tested cows) should be bought, but it must never be used raw; it must be boiled at once.

Whole milk should be bought for children unless the doctor advises otherwise. When good liquid milk is not available, either dried or evaporated whole milk may be used.

Preparation of milk for children.

Liquid milk.—Milk sold in cities rarely has more than the average amount of fat (3½ to 4 per cent) and therefore can be used whole: that is, without skimming. Where especially rich milk is used, as that from Jersey or Guernsey cows, it may be necessary to remove a small part of the cream for the younger children. More children are upset by milk that is too rich than by milk that is not rich enough.

Milk should never be given to children raw. If raw milk must be bought or if there is any question as to whether the milk has been properly pasteurized or not, it should be boiled. For children over 2 years all milk should be pasteurized, even certified milk, and for children under 2 years all milk should be boiled. Boiling milk not only kills all disease germs in it but also makes it easier to digest.

Either of the following methods may be used to boil milk for children:

1. By direct heat.—Place milk in a deep saucepan and set it over a flame. Bring the milk to a boil, stirring it constantly. Boil it one to three minutes, remove it from the stove, and cool it rapidly.

2. In double boiler.—Place milk in the top of a double boiler and cover it tightly. Put cold water in the bottom of the double boiler and put the double boiler on the flame and allow it to remain there 10 to 20 minutes after the water has begun to boil.

When milk is to be boiled, the day's allowance should be boiled at one time, cooled rapidly, and put on ice or in some other cold place. Before it is served to the child, the chill may be taken off it by placing the cup of milk in hot water.

Dried milk.—Whole dried milk should be made liquid by adding enough water, according to the directions on the package, to have the value of whole liquid milk. It should be used as fresh liquid milk and kept on ice. It should be boiled as is liquid milk.

Evaporated milk.—Evaporated milk should be diluted with sufficient boiled water, according to the directions on the can, to make whole milk. It should be used as fresh liquid milk and kept on ice. It has already been well cooked in preparation and need not be boiled.

Ways of using milk in the food.—Soups and puddings offer simple ways of using milk. Cereals may be cooked in milk instead of in water. Milk used in this way should be counted as part of the child's daily allowance.

Milk products.

Milk products are foods made from milk, such as butter, cheese, and ice cream. Only milk products made from pasteurized or boiled milk or cream should be used for children. Butter is a valuable food and may be given to children over a year old. Cottage cheese may be given to children if made at home from pasteurized milk. Ice cream made from pasteurized or boiled milk may be used occasionally as dessert. Never give children ice cream between meals, as it spoils their appetite for the next meal.

VEGETABLES

Vegetables, especially fresh, green leafy ones, are valuable in the child's diet because they supply vitamins and minerals and also roughage. (See p. 52.) It is advisable to give the child daily one vegetable or more besides potatoes, which do not take the place of a green vegetable.

A variety of vegetables should be served to children. As a rule, dark-green leafy vegetables, such as spinach, chard, kale, beet greens, and turnip greens, are the most valuable; and vegetables that vary in color, such as cabbage and lettuce, are best when dark green. Other vegetables, such as carrots, beets, turnips, onions, and parsnips, may be used when it is difficult to get green leafy vegetables, but green leafy ones should be used whenever possible.

Fresh cooked vegetables.

In cooking vegetables try to avoid losing their vitamins and minerals, which are easily lost by wrong cooking. Some of the vitamins in vegetables are easily destroyed by long heating or by cooking with baking soda, and so vegetables for children should be cooked only a short time—just long enough to make them tender—and without baking soda. The minerals are easily dissolved out in water, and so it is well to cook vegetables in as little water as possible, and if any

water is left after cooking to serve it in soup or otherwise. Baking requires no addition of water and is therefore a good method of cooking vegetables that are very juicy or that have a thick skin to keep in the moisture. Greens, such as spinach, can be cooked without adding any water; the water that remains on the leaves after washing is enough if the saucepan is tightly covered.

Such vegetables as cabbage, cauliflower, and turnips can be prepared without developing strong flavors if they are cooked for a very short time and if the saucepan is left uncovered during the cooking. Of course, plenty of water is then needed to keep the vegetables from burning. If these vegetables are cut into small pieces, less time is needed for cooking them.

Vegetables for children should not be cooked with fat meat, nor should any vegetables be fried, even potatoes.

Canned vegetables.

Canned tomatoes may be given frequently to children of any age. Other canned vegetables may be substituted for fresh ones several times a week when the fresh can not be had or are very expensive.

Never use canned vegetables that seem to be spoiled. Home-canned vegetables are more likely to be dangerous than those canned commercially, and in order to eliminate any danger of disease-producing bacteria all home-canned vegetables should be boiled five minutes before being used.

Dried peas and beans.

Dried peas and beans do not take the place of fresh green vegetables, but if soaked, boiled, mashed through a strainer, and served with milk, they may be given occasionally to children over 2. Baked beans are not suitable for children below school age.

Raw vegetables.

Certain raw vegetables such as lettuce, cabbage, and tomatoes may be used in the diet of a child over 2 years of age if they are carefully washed in water known to be safe. Lettuce and cabbage should be shredded or chopped. Tomatoes should be peeled and then quartered or sliced or put through a sieve for juice.

To supply vitamin C (see p. 53), if citrous fruits (oranges, lemons, grapefruit) or raw or canned tomatoes or raw cabbage can not be had, raw carrots or turnips, carefully washed, peeled, and grated, may be used, but they are less desirable than citrous fruits or tomatoes.

FRUIT

Fruit, raw or cooked, is valuable in a child's diet because it supplies vitamins, minerals, and roughage. It should be given once a day or oftener. Raw fruit is especially valuable because it supplies vitamin C (see p. 53), which is not supplied by most foods.

One raw fruit should be given daily to all children, especially to children under 2. Citrous fruits—oranges, grapefruit, lemons—and tomatoes (sometimes considered fruit) contain the most vitamin

C and should be given often. Commercially canned tomatoes, if not cooked after the can is opened as well as raw ones, contain plenty of vitamin C, though other cooked or canned fruits as a rule do not. Either pulp or juice of oranges, grapefruit, and tomatoes may be given. Lemons may be given in the form of lemonade. Ripe apples, cut small, or very ripe bananas may be given.

Cooked fresh fruit, such as apple sauce and baked apples, may be given to children frequently. Dried or canned fruits, such as apricots, peaches, pears, or prunes, may be used for variety two or three times a week, especially in winter. Stewed rhubarb may be given to a child over 2. It must be remembered that as a rule cooked fruit can not take the place of raw fruit.

Besides these fruits children from 4 to 6 years may have other fruits either raw or cooked: Berries, grapes, plums, and well-chopped pineapple. These should be given in small portions.

When fruit is to be served raw, it should be thoroughly washed, and skins, cores, and seeds removed, except that apples with the skins on may be given to children over 5. For the younger children most fruits should be mashed or scraped; for the older ones they should be cut up.

Fruits to be used for children must be in perfect condition, thoroughly ripe yet not decayed. Bananas are wholesome when the skin is turning brown. Only berries fresh from the garden should be used, and they should be picked over carefully and then washed.

Fruits may be used in desserts such as whips or gelatin puddings or combined with a custard sauce. Raisins, dates, and figs may be ground together for a sandwich filling or cooked in cereal.

CEREALS AND BREAD

Cereals and breads made either from whole grains (dark colored) or refined grains (light colored) are good foods, but the whole-grain ones are more valuable because they contain more minerals, vitamin B, and roughage. Light-colored cereals and breads can be used if the child's diet contains plenty of fresh vegetables and fruit.

A child's breakfast is not complete without a dish of cooked cereal, and it is a suitable supper dish. Cereals that are cooked at home are as a rule best for children, and they are also economical. They need not be given up during the summer months. Cereals should be cooked thoroughly, for half-cooked starch is not digested easily. Milk may be substituted for part of the water used in cooking.

Cold, ready-to-serve cereals are not suitable for the younger child. The child over 4 may have a ready-to-serve cereal for supper, especially a whole-grain one with plenty of milk.

Fresh bread, muffins, biscuit, and pancakes should not be given to children, as these are less easily digested than bread that is at least 36 hours old. Fresh bread should be toasted until dry. Dry toast should be given frequently to encourage chewing. Crackers should be given only occasionally to supplement dessert—not between meals.

EGGS

Eggs are rich in iron, protein, and vitamins. A fresh egg should be given to the child every day, soft-boiled or hard-boiled, poached, or scrambled, or used in custard or other food. Even in winter, when eggs are expensive, they should be given to children under 6 years old if possible. Eggs put down in water glass in the spring when they are plentiful and cheap are quite safe to use when cooked.

Eggs are most digestible when cooked slowly in water that is not quite boiling. If they are cooked until hard, the white should be chopped fine and the yolk thoroughly mashed. Eggs cooked in grease are not suitable for children.

Egg puddings other than custard need not be planned for children of 1 to 2 years, but if prepared for the family they can be given to the children occasionally. All egg and milk desserts, including frozen custard, may be given to the older children.

If a child has never tasted egg, a small amount of yolk should be tried the first time and the amount increased rather rapidly until the child eats the whole yolk, and later the whole egg. Occasionally a child is found who can not eat eggs because he is sensitive to the protein contained in them. Such a child may vomit repeatedly after eating only a small amount of egg or he may break out with hives. Such a child should not be given egg a second time until the doctor has been consulted. (See p. 117.)

MEAT AND FISH

Meat and fish supply valuable proteins, minerals, and vitamins. At the beginning of the second year small servings of tender meat—beef, chicken, lamb, or liver, boiled, broiled, or roasted, and finely minced should be given at least three times a week. By the time the child is 18 months old he may have meat or fish every day. As the child's ability to chew increases, he may be given larger pieces of meat, but it must always be tender. Veal, ham, or pork, properly cooked, may be given to the child over 4.

Once or twice a week steamed, baked, or boiled fresh fish may be substituted for meat. Cod, haddock, and halibut are best for the child under 4 years, as they contain little fat; a child over 4 may have any fresh fish. Care must always be taken to get rid of bones. It is important that the fish should be perfectly fresh.

Bacon may be served at breakfast or dinner during the second year and afterwards. It should be sliced very thin and cooked until crisp but not dark brown nor hard.

Rich, "made" gravies, fried meats, or fried fish have no place in the child's diet. The only gravy used should be meat juice without fat.

Meat is usually well liked by children, but it must not be eaten in place of vegetables or milk. Occasionally an egg may be substituted for meat at dinner.

SOUPS

A milk soup or a thick vegetable soup made with meat stock may be given to children. In preparing thick vegetable soup a number of vegetables and some starchy food such as potato, barley, or rice are added to the stock. These should not be strained out. Such clear soups as consommé, bouillon, or broth, which contain no vegetables, are largely water and should not be given to a child under 6, as they tend to satisfy the child without contributing essential food materials.

SWEETS

Very little sugar should be used. There is no need of putting any sugar on cereal, and the child may acquire an undesirable appetite for sweets if much is used. Cake with icing and other very sweet desserts should be given only occasionally to the child under 6. Simple puddings—custard and junket—stewed fruit, raw fruit, fruit whips, and, occasionally, pure ice cream are suitable desserts.

Never give sweets between meals. Children over 2 may have a piece of candy as part of the dessert occasionally.

COD-LIVER OIL

Cod-liver oil is a food very rich in vitamins A and D. To prevent rickets children up to 2 years of age should be given cod-liver oil daily, except when they are getting plenty of summer sun. For the child from 2 to 6 years it is often advisable to continue giving cod-liver oil in winter, especially if he is living in a climate with little sunshine. Most children take the oil best after meals. Viosterol or irradiated foods should not be substituted for cod-liver oil except on the advice of a physician.

FORBIDDEN FOODS

Tea, coffee, and some bottled drinks contain a stimulant which young children should not have. Do not give a child foods highly seasoned or spiced, such as mustard, pickles, catsup, or highly flavored cheese. Nuts, because they are very difficult to chew, slow to digest, and likely to be sucked into the larynx, should not be given to children less than 6 years old. Foods that are greasy or cooked in fat should not be given.

FOODS FOR DIFFERENT AGES

Children of the same age vary in size and activity, and therefore, individual children vary in the amount of food that they need. The amounts of food that average children of given ages eat at a serving are given on pages 61–64. The smallest amounts given should be considered as the minimum necessary for any child of that age. If a child is well and gaining weight regularly (see height and weight tables, pp. 16–17), is vigorous and sleeps well, his appetite may be considered a fair guide as to how much more than this minimum quantity of foods he should eat. Many children are eager for sec-

ond helpings. These helpings should be small, so that the child will eat all that is given to him, even if it is necessary to give a third small helping. Sometimes a child wants to eat large quantities of bread and butter, milk, or potatoes, and to slight the rest of the meal. Overeating of any one food is to be avoided. A well-rounded diet makes for the development of a healthy child.

FOODS FOR THE CHILD DURING THE SECOND YEAR

Foods	Amounts [1] in one serving	How often served
Milk (boiled), 1½ pints to 1 quart	6 to 8 ounces	3 or 4 times a day.
Butter on stale bread, crisp toast, and baked potatoes.	1½ to 2 teaspoonfuls.	3 times a day.
Vegetables	3 to 6 tablespoonfuls	1 or 2 times a day.
Dark-green leafy vegetables		At least 3 or 4 times a week.
Spinach.		
Lettuce.		
Swiss chard.		
Kale.		
Collards.		
Beet tops.		
Turnip tops.		
Dandelion greens.		
Asparagus.		
Cabbage.		
Other vegetables—		
Peas.		
Carrots.		
Strained tomatoes—raw, stewed, or canned.		
String beans.		
Lima beans, green.		
Squash.		
Cauliflower.		
Celery.		
"Starchy vegetables"	2 to 3 tablespoonfuls	Once a day.
Potatoes.		
Plain boiled macaroni, rice, or hominy.		May be substituted for potatoes occasionally.
Fruit		Twice a day.
Raw fruit (skins removed)—		
Oranges, grapefruit, or tomatoes.	½ to 1	Once a day.
Scraped apple, ripe.	¼ to ⅓ cup	Occasionally.
Banana, very ripe	½	Occasionally.
Cooked fruit	3 to 4 tablespoonfuls	Once a day.
Prunes.		
Apple sauce.		
Baked-apple pulp.		
Stewed pears, peaches, apricots.		
Cereals (especially whole-grain cereals), well cooked.	¼ to ⅓ cup	Twice a day.

[1] All measures level.

FOODS FOR THE CHILD DURING THE SECOND YEAR—Continued

Foods	Amounts [1] in one serving	How often served
Bread, toasted crisp, or zwieback	½ slice	2 to 3 times a day.
Meat or fish	1 to 2 tablespoonfuls	3 to 4 times a week for very young children; once a day for children over 18 months.
Beef, scraped or ground.		
Lamb, minced.		
Chicken, minced.		
Liver, scraped or ground.		
Fish: Cod, haddock, or halibut, minced.		May be substituted for meat once or twice a week.
Bacon		Occasionally.
Egg	1	Once a day.
Desserts (stewed fruits may be used as dessert also).	¼ cup	Once a day.
Cup custard or soft custard.		
Cornstarch pudding.		
Tapioca pudding.		
Rice pudding.		
Cod-liver oil	2 teaspoonfuls	Twice a day.

[1] All measures level.

FOODS FOR THE CHILD 2 TO 6 YEARS

Foods	Amounts [1] in one serving	How often served
Milk (pasteurized), 1½ pints to 1 quart daily.	6 to 8 ounces	3 or 4 times a day.
Milk products—		
Butter on bread, sandwiches, and vegetables.	2 to 3 teaspoonfuls	3 times a day.
Cottage cheese	2 to 3 tablespoonfuls	Occasionally.
Vegetables, cooked		Once or twice a day.
Dark-green leafy vegetables	3 to 6 tablespoonfuls	At least 3 or 4 times a week, preferably daily.
Spinach.		
Swiss chard.		
Kale.		
Collards.		
Beet greens.		
Turnip greens.		
Dandelion greens.		
Lettuce.		
Asparagus.		
Cabbage.		
Brussels sprouts.		
Broccoli.		

[1] All measures level.

FOODS FOR THE CHILD 2 to 6 YEARS—Continued

Foods	Amounts in one serving	How often served
Vegetables—Continued.		
Other vegetables	3 to 6 tablespoonfuls	
Peas.		
Carrots.		
Tomatoes.		
String beans.		
Lima beans, green.		
Squash.		
Cauliflower.		
Celery.		
Onions.		
Parsnips.		
Turnips.		
Corn, strained.		
Artichokes.		
Vegetables, raw	1 to 2 tablespoonfuls	2 or 3 times a week.
Tomatoes.		
Lettuce, chopped, shredded, or in leaves.		
Carrots, grated.		
Turnips, grated.		
Cabbage, chopped or shredded.		
"Starchy vegetables"	¼ to ½ cup	Once a day.
Potatoes.		
Plain boiled macaroni, rice, or hominy, or sweet potatoes, boiled or baked.		May be substituted occasionally.
Fruit		Twice a day.
Raw fruit (skins should be removed).		Once a day.
Oranges, grapefruit, tomatoes.	1	
Pear	1	
Peach	1	
Apple, ripe, cut into small pieces.	½ to 1	
Banana, very ripe	½ to 1	
Cooked fruit	½ cup	Once a day.
Prunes, stewed or steamed.		
Apple sauce.		
Baked apple.		
Peaches (fresh or dried), stewed.		
Apricots, stewed.		
Rhubarb, stewed.		
Pears, stewed.		
Apricots (dried), stewed.		
Canned pears.		
Canned apricots.		
Canned peaches.		
Cereals, especially whole-grain cereals (only cooked cereals for children under 4 years).	½ to ¾ cup	Once or twice a day.

FOODS FOR THE CHILD 2 to 6 YEARS—Continued

Foods	Amounts in one serving	How often served
Bread, stale or toasted—or zwieback—served with each meal.	½ to 2 slices	Three times a day.
Meat and fish, cut up	2 to 4 tablespoonfuls	Once a day.
Beef.		
Lamb.		
Chicken.		
Liver.		
Cod.		
Haddock.		
Halibut.		
Bacon	1 slice	Occasionally.
Egg	1	Once a day.
Desserts (stewed fruits may be used as dessert also).	⅓ to ½ cup	Once a day.
Milk puddings—		
Cup custard.		
Cornstarch pudding.		
Tapioca pudding.		
Rice pudding.		
Junket.		
Gelatin.		
Fruit puddings	⅓ to ½ cup	
Tapioca.		
Gelatin.		
Whips.		
Cakes and cookies		Occasionally.
Sponge cake.		
Oatmeal cookies.		
Molasses cookies.		
Whole-wheat cookies.		
Arrowroot cookies.		
Vanilla ice cream, made from pasteurized milk.	¼ to ⅓ cup	Occasionally.

FOODS THAT MAY BE GIVEN OCCASIONALLY TO CHILDREN OVER 4 YEARS

Fruit:		
Dates, raisins, figs, dried, chopped in cereal.	¼ cup	
Grapes	1 small bunch	
Berries (freshly picked), stewed or raw.	⅓ to ½ cup	
Pineapple, chopped	¼ to ⅓ cup	
Plums	1	
Meat and fish	2 to 4 tablespoonfuls	
Veal, ham, or pork, thoroughly cooked.		
Salmon and other fish.		

Sleep and Sleep Habits

Little children should have 11 to 13 hours of sleep every night and 1 to 2 hours during the day; they should be in bed regularly by 6 o'clock every night up to the age of 5 years—after that by 7 o'clock.

WHERE SHALL A CHILD SLEEP?

Each child should sleep in a bed alone, and, if space permits, in a room alone. Where this is not possible, the children should have their rooms apart from the grown-ups, so that the sleep of a child will not be disturbed by the grown-ups' later bed hour. No child older than a year and a half should share a grown person's room.

Parents will provide a bed for each child when they realize the value to the child's health of the more restful sleep that it insures. Two small cots take up about the same space that a double bed does, and the separate cots are much better for the children.

For the young child a crib is best, with sides so high that he can not fall out. In selecting a crib, it is wise to buy a good-sized one so that the child may use it for several years. A child should always be given ample room to stretch out at full length. Large rollers on the crib are useful when it is to be pulled from one room to another or out on a porch. The springs and the mattress should be firm and flat, as a sagging bed throws the body into a poor position during sleep. The mattress may be of hair or felt, and it should be at least 3 inches thick. A flat, hair pillow may be used, but it is better to teach the child to sleep without a pillow.

BEDCLOTHES AND NIGHTCLOTHES

In summer, cotton sheets and one or two layers of wool blanketing are suitable bedclothes. In winter, canton-flannel sheets may be used and extra blankets or wool comforters.

Children between 1 and 4 are likely to throw the covers off without waking and become chilled. A sleeping bag made of wool blanketing keeps the child covered all night. Sleeping bags should be warm and yet light in weight.

Enough bedding must be provided to allow changes if the child wets the bed. Bedclothes must be kept clean and dry.

A piece of rubber sheeting is needed to protect the mattress, but it is well to put a cover of canton flannel or wool blanketing over the rubber.

Do not weigh a child down with heavy bedclothes. More children suffer from too much covering than from too little. If a healthy

child is perspiring, he is probably too warmly covered. A normal child sleeps better in a cold room if he has warm coverings; if he is found with his head under the covers and his body in a cramped position, his coverings are probably not warm enough.

Night clothing should be regulated according to the room temperature. In summer, if the nights are very warm, children should wear light clothes—a thin nightgown or other sleeping garment made of light cotton material with short sleeves and legs; in winter, night drawers with feet of canton flannel or cotton jersey. Cotton and wool mixtures may be used if the climate is very cold, or a shirt can be put on under the sleeping garment.

A child should never wear a sleeping garment that is too small. Many children get into bad sleeping habits because their clothes are uncomfortably tight. Diapers for night wear should be discarded as early as possible—at least by the end of the second year—and rubber "baby pants"—never used at night. (See Clothing, p. 74.)

Keep the windows open in a child's bedroom. It is well to protect him from wind in winter by fastening a sheet or blanket to the side of the crib next the open window through which the wind is blowing. In the coldest weather a window board (see p. 8), a cloth screen, or a board put below the lower sash allows air to enter between the sashes but prevents too great a flow of cold air into the room. The room should be cool, but care must be taken not to let it get too cold; the child should be protected against extreme cold. On very hot nights an electric fan, sending the air above but not directly on the child, greatly increases his comfort.

Do not leave a light burning in the room in which a child sleeps, nor make too much effort to darken the room when bedtime comes before dark. The young baby sleeps equally well in the day and in the night, and may even take a sound nap in the direct sunshine. The older child can be taught to expect to go to sleep when he is put to bed, whether it is light or dark.

The house does not need to be kept unusually quiet because children are asleep. It is better for them to learn to sleep through ordinary sounds, but the bedroom door should be kept shut.

RESTLESSNESS

Restlessness and gritting of the teeth are often signs that the child has gone to bed too tired, not that he has worms, as is commonly thought. The best treatment for such fatigue is a longer daytime rest than the child has been having and less excitement at the end of the day. Enlarged adenoids, improper food for supper, too many or too few bedclothes, tight nightclothes, or too hot a room may make a child restless.

Make bedtime a quiet, happy time, without romping or boisterous play. By the end of the day the children are tired, and if romping or teasing is permitted they easily become overexcited and tense, near to giggling laughter and to tears. In many households the hour

before bedtime is the only hour when the father can be with his children, and this often means that he plays vigorously with them, stimulates them to laughter and excitement, tosses them, and jumps them about, for he wants to see them have a good time. Their shrill voices crying, "Me next, daddy, me next" show how excited they are. Rough-and-tumble play has its place, but it does not belong in the late afternoon or the evening. The best amusement for bedtime is singing, a quiet game, or a story either read or told the children—never a story likely to excite them or inspire fear.

Little children should be in bed before the grown people have their evening meal. The older child may be allowed to eat with the family and undress afterwards if supper is at 5 or half past 5.

The quiet story time

PUTTING THE CHILD TO BED

Many mothers like to bathe the children in the late afternoon. This is often a wise plan, especially if they have been playing out-of-doors and come in with dirty hands and faces and warm, perspiring bodies. After a comfortable bath and before the grown-ups' meal, the children, dressed in their night clothes and slippers, with wrappers to keep them warm in cold weather, can eat their supper and then have their story or song time before they go to bed. Bedtime then comes naturally and happily and not as an interruption in a vigorous game.

If the child has had his bath before supper, he needs only to go to the toilet and have his face and hands washed and his teeth

brushed before he goes to bed. If the bath has been given in the morning, it is usually necessary to wash the feet as well as the hands and face, and often a quick sponge bath will make a hot, tired child sleep well. In any case, the day clothes should all be taken off and night clothes put on.

Bedtime should be expected to follow shortly after supper. The child who has never been allowed to stay up beyond his regular bed hour and has never been kept up for the convenience of others will not fuss over bedtime, nor coax to be allowed to stay up. He will usually be sleepy at that time and want to go to bed.

The mother's desire to get through the day's work should not make her so impatient that she hurries the children in getting ready for bed. Do not let them dawdle, but give them time enough to learn to help themselves in undressing.

Gentle hands and a low, quiet voice make a child willing to go to bed and ready to go to sleep. Try to avoid scenes and scoldings at bedtime. Never postpone punishment till father gets home, nor make the evening a time of reckoning for the day's misdeeds. A child should go to bed happy.

The child should not be encouraged to depend on some special toy or treasure to help him to sleep; nor should he expect his mother to lie down beside him or hold his hand. Undesirable habits of this kind have to be broken sooner or later and should be discouraged from the start. When the child is ready for bed, he should get in and lie down without coaxing or fussing. With covers suitable to the temperature of his room, with windows open, light out, and door shut, he should be left alone, knowing that he is expected to sleep and that calling for a drink or for other imaginary needs will not get him attention.

A little child will need to be taken to the toilet once at night, when the mother goes to bed. Many children do not wet their beds after they are 2 or 2½ years old. If a child wets his bed after he is 3, the doctor's advice should be sought. (See Teaching the dry habit, p. 35, and Undesirable habits, p. 69.)

NAPS

Every child under 6 years of age needs a midday rest, with one to two hours of sleep, if possible. A little child's waking hours are spent in amazing activity, and if he goes for a whole day without a rest period he becomes unwholesomely tired. Such fatigue often shows itself in naughtiness, contrariness, and irritability.

The nap hour may be before or after the midday meal. Two things need to be considered: The nap should not prevent the child from getting his out-of-door play during the sunny part of the day, especially in winter, and it should not be so late in the afternoon as to keep him from going to sleep at his usual bedtime at night. A child who wakes early in the morning will usually be ready for a rest by 11 or 12, and may need a nap then. It is not wise to let a

child over 3 years old sleep for more than two hours in the daytime unless he is underweight and unless he sleeps 11 to 12 hours at night besides.

The nap should be taken with absolute regularity. Until the child is 4 or 5 he should be undressed for his nap. The older child should have at least his outer clothes removed, if he is not entirely undressed, and a wrapper put on over his underclothes.

Every child should take his nap in his own bed, where he is accustomed to sleep, not on a couch in the living room, in a rocking chair, a hammock, or other place. He should be alone in his room with the door shut and the windows open. If he does not sleep, he should rest on his bed quietly for the naptime. If he keeps calling out, do not answer him; and if he gets up put him back to bed at once. Wake him at the end of the naptime so that the night sleep will not be spoiled and so that he will not lose his outdoor playtime. If the mother takes a rest at the child's naptime, she should take it in another room.

UNDESIRABLE HABITS USUALLY CONNECTED WITH SLEEP

Several undesirable habits may be connected with going to sleep or waking up, such as thumb or finger sucking, masturbation, and fussiness at bedtime. Some habits are associated with sleeping, such as bed wetting and mouth breathing. Thumb sucking and masturbation may occur during the day, but they are more commonly associated with sleep. The manner of dealing with these habits is in general the same no matter when they occur.

When an undesirable habit has been formed, the parents need not become unduly disturbed by it. All these habits start naturally and can be got rid of by patient and consistent treatment.

The following suggestions will help in the management of the child with undesirable habits. (See also pp. 103–108.)

1. In helping a child to get rid of a bad habit, be patient, gentle, and low voiced. Do not get angry nor excited; do not let yourself get "nervous"; do not scold nor raise your voice, as all these things defeat their own end.

2. The best way to get rid of an undesirable habit is to replace it with a desirable habit. Pay as little attention as possible to the action you do not like, and focus the child's attention on doing something else, which you wish to grow into a new and desirable habit. Punishment for doing the undesirable thing may only fix the child's attention on doing it. Quiet approval for doing the desirable thing will soon fix the child's attention on the new habit.

3. Whatever action is determined upon must be agreed to by all those caring for the child. If mother

or nurse refuses to pick Junior up when he cries and father or grandmother takes him up, the habit of crying in bed will not be broken.

4. Never begin to discipline a child unless you are prepared to carry it through.

5. Undesirable habits often develop in children who are overtired either from too little rest or from too much excitement. They are often a sign that the general plan of management of the child needs to be looked into.

WAKEFULNESS AND FUSSING AT BEDTIME OR DURING THE NIGHT

If wakefulness at night is due to pain or illness, it is almost always accompanied by some signs of disease that the mother can recognize—fever, vomiting, diarrhea, cold in the head, or complaint of pain; it is an unusual occurrence. Such wakefulness usually is a signal for calling the doctor.

Habitual wakefulness is a different matter and is almost always due to the child's desire for attention. Such a habit may start when a child cries in the night and is given a cracker or a drink or a toy, or is taken into the mother's bed in order to quiet him and to keep the household from being awakened; or it may start as the aftermath of an illness during which the child has needed attention at night.

In any case, when a child is put to bed, the mother should see that he is not too cold nor too warm and has no other causes of discomfort, and then if he is not ill, should leave him whether he cries or not. Crying is not dangerous, and a loud, lusty cry is evidence of a child's vigor. But if the mother lets him cry for 10 minutes and then gives in by going to him again, the efforts of that night will have been wasted. It is much wiser to let him have his cry out, even though the rest of the family be disturbed for that one night.

ENURESIS, OR BED WETTING

If a child as old as 3 years has the habit of wetting the bed, consult the doctor and have him give the child a careful examination. If no physical cause is found, training should be started at once. In helping an older child to overcome the bed-wetting habit the same principles should be followed as for training the young child. (See Teaching the dry habit, p. 35, of this bulletin; also pp. 11–17 of Child Management, U. S. Children's Bureau Publication No. 143. revised September, 1927.)

Try always to make the child more and more independent. A reward, such as a colored star pasted on a chart each morning that the bed is dry, is often helpful. Encourage the child if he wakes to go to the toilet himself. Do not give him the impression that he has a weak bladder or has inherited a tendency to wet his bed. Bed wetting is an inconvenient and undesirable habit, but is very rarely

a sign of disease or weakness in a child. Never say before a child that you think he will never get over wetting his bed. Do not shame him nor mention his bed wetting in the presence of others. Do not punish him. Encouragement and helpful training are what he needs. Do not talk about his habit, for overemphasis is often what tends to prolong it.

SUCKING

Thumb sucking is the commonest form of the sucking habit, but sometimes a child of 2 or even 3 years will not go to sleep without a nursing bottle to suck on, or a piece of blanket, or some other object. Many times the sucking habit can be traced directly to the baby's early training. A baby is often allowed to go to sleep at the breast or while taking his bottle, or, if he is restless, is given something else to suck in the hope of putting him to sleep. During the teething period the baby may again begin to suck and chew his fingers, and this may lead to the habit of finger sucking. In an older child the habit may start in imitation of a parent or another child who sucks or bites his fingers.

Habitual thumb or finger sucking, or sucking on a nipple or pacifier often brings about changes in the shape of the jaws which not only are permanently disfiguring, but also interfere with the proper development of the teeth and of the air passages in the nose. If the jaws are gradually pushed or pulled out of shape, the teeth no longer meet properly, and this interferes, often greatly, with the child's chewing. (See Teeth, p. 41.)

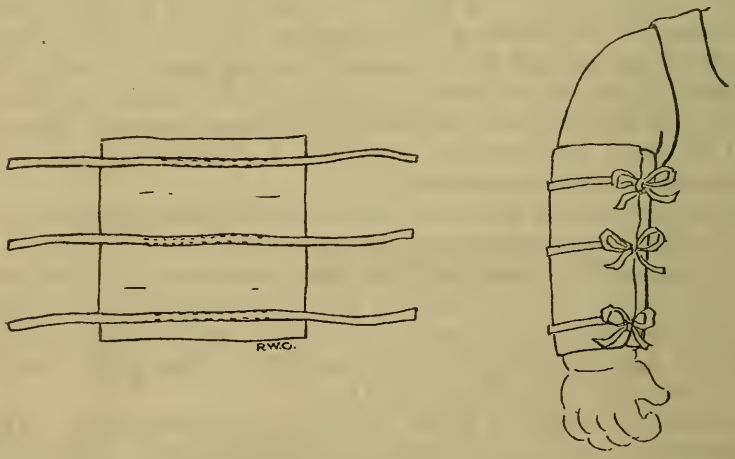
Overcoming thumb or finger sucking is not always easy. Though it is important to prevent it or to overcome it if it does start, parents should not be unduly excited by it but should be consistent and patient in their efforts to get rid of it. When a baby or little child first begins to suck his thumb or finger, the mother should quietly remove it from his mouth and put a toy in his hand to divert his attention. Little should be said about the habit, but enough other occupation provided to keep his interest away from his hands. Punishment for sucking will only emphasize the habit.

Finger and thumb sucking in a little child may often be cured by putting the child's arm in a wide, stiff cardboard cuff which will not permit the elbow to bend. This should not be worn all the time, but should be left off at intervals so that the child may exercise his arm. If he sucks chiefly at night, the cuff need be worn only at night. Covering the hands with mittens or bedclothes seldom helps, for the child is likely to suck the fingers through the cover. Metal finger cages are occasionally helpful.

When a child of 2 or 3 still clings to one of these sucking habits overcoming it is more difficult. If the mother has been allowing him to take a bottle to bed, the bottle should be taken away from him once and for all. The same should be done with other objects, such as a special blanket. The child will almost surely cry and fuss and refuse

to go to sleep, but the parents must not give in. A night's sleep, or perhaps two or three, will usually have to be sacrificed, but seldom more if the parents are firm and consistent.

If a child of 5 or 6 years still sucks his thumb or bites his nails, an effort must be made to get him to *want to* overcome the habit. A series of small rewards, such as gold stars pasted on a card each morning when he has not sucked his thumb during the previous day or night, may be helpful, followed by a more real reward for a whole week of gold stars. Punishment will not help. The habit will be overcome when the child himself wants to overcome it. Teaching a child to take pride in caring for his finger nails may help him to



Stiff cuff to prevent thumb sucking

overcome the habit of nail biting. If one of the older members of the household bites his nails, it will be hard for the child to overcome the habit. The older person must stop the habit first.

MOUTH BREATHING

Many children breathe through their mouths at night. This is most often due to an obstruction in the nose. If the obstruction is due to adenoids, they may need to be removed even if they have been removed previously, as they may have grown in again. Mouth breathing is particularly likely to occur in a child who has had the thumb-sucking habit and who as a result of this has a high palate and small breathing spaces in the nose. A doctor's advice should be asked if a child breathes through his mouth constantly.

MASTURBATION

Masturbation is the medical name for the habit of getting pleasure out of handling or rubbing the genital organs. It is an undesirable habit, which should be gotten rid of, but it need not cause undue

worry. Most babies find all parts of their bodies interesting, and they discover the genital regions just as they discover their fingers and toes and play with them. Most babies stop playing with their bodies when they play with toys, and the best thing to do when a child shows undue interest in his body is to give him something else to play with. The habit of masturbation may start accidentally from the sensations that a child gets when riding on some one's foot or on a cane or when wearing drawers that are tight enough to rub. Such things should be avoided. Children almost invariably outgrow this habit if too much attention is not paid to it. It should not be treated with any more emphasis than the habit of picking the nose or sucking the thumb. (See Child Management, pp. 29–32.)

The child whose genital organs are not kept clean may form the habit of masturbation, just as a child whose nose contains crusts of mucus and pus may form the habit of picking the nose. Thus keeping the genitals clean will discourage the habit of masturbation just as keeping the nose well oiled with mineral oil will discourage the habit of picking the nose. If there are adhesions between the foreskin and the glans, a doctor's advice should be sought regarding treatment.

It is a good plan to encourage children to go to sleep with hands folded together. If a child is found to be masturbating, it usually is well to see that he keeps his arms outside the covers and, for a few weeks, contrary to the general rule, to let him have one toy or another to hold in his hands when he goes to bed. In cold weather, he will need to have mittens or a warm jacket with sleeves coming below the hands to keep his hands warm outside the covers. Allowing a child to sleep on his abdomen may discourage the habit.

Do not scold nor punish the child for this kind of habit. A matter-of-fact remark, "I wouldn't do that if I were you" is all that is wise. Be very careful not to let the child feel that you are shocked or greatly worried by his habit. Do not try to shame him out of it. More harm is often done by making the child feel that he has done something "nasty" or "wicked," which he will then perhaps try to do in secret, than by treating the whole matter with indifference.

Clothing

Clothing should be chosen for the health, comfort, convenience, and pleasure of the child who is to wear it, and for his training, and not merely for the pleasure of an adult who enjoys dressing up the child like a doll.

PLANNING THE CLOTHING

A child's clothes should be so planned that he is unconscious of them; that is, they should be simple, easily cleaned, warm enough for the weather, light in weight, not bulky, just roomy enough for comfort, and without any tight bands.

In planning clothes for a child ask yourself the following questions: Can he play freely in them? Are they warm enough but not too warm? Do they allow freedom for his body—for growth, circulation of the blood, and muscle activity? Do they allow him to stand well? Are they put on and taken off easily and managed easily at the toilet? Will they wash well and wear well? Does the child like them?

WARMTH

The need for warm clothing varies, chiefly according to the climate but also according to the season, the child's physical condition, the exercise he takes, and the temperature, indoors or outdoors. A frail child needs warmer clothing than a robust one, and an 18-month-old child who sits in a gocart needs warmer clothing than a 4-year-old who plays vigorously. Clothing that is too warm makes a child perspire too much and may make him take cold easily. Remember that several light garments may be warmer than one heavy one.

In warm weather a child is more comfortable if he wears very little, indoors or outdoors. For a large part of the day all he will need is a sun suit and shoes or sandals. In cooler summer weather he will need cotton underwear—a union suit, or waist and drawers, or shirt and drawers, a cotton dress, suit, or rompers, short socks, shoes, and perhaps a sweater or a light wool coat when he is not in the sun.

In winter, in a well-heated house (68° to 70° F.), a child should wear practically the same clothes as on cool days in summer. If the house gets cool, he may need a sweater. If the house is poorly heated or the floors are drafty, warmer clothes will be necessary, but more children are dressed too warmly indoors than too lightly. When the child goes out, leggings, wraps, and cap should be put on according to the temperature outdoors. These should be taken off as soon as he comes into the house, and as soon as he is old enough he should be taught to take them off himself.

FREEDOM

Proper clothing will keep the child warm and at the same time will not interfere with his normal growth and development. Wrong clothing may interfere with this development, for his body is easily pushed or pulled into unnatural positions. For instance, narrow straps hanging from the tips of the shoulders or hose supporters fastened in front may pull his shoulders forward and make him round shouldered; poorly fitting shoes may deform his feet.

For comfort, for proper circulation of the blood, and for growth, all clothing should be roomy—just loose enough so that it will not bind at the knee, waistline, armhole, crotch, or any other part. Especially must the crotch be roomy enough, for irritation caused by tightness there may lead to irritation of the genitals. When buying or making new garments, plan them so that they will fit after shrinking and so that they can be made larger as the child grows. Stockings especially must have allowance for shrinking. Buy patterns and clothing according to the child's measurements, not merely according to his age; otherwise they may be too small. No garment should be worn after it is outgrown.

Helping to dress herself

The child should be able to play freely and actively without being weighed down by a heavy, stiff coat or being afraid of dirtying or tearing some delicate garment. His clothing should be made of material that is light in weight, soft, easily cleansed, and strong. Clothes that are spoiled easily may prevent a child from joining actively in play and make him an unhappy looker-on.

SELF-HELP

As the child grows older he wants to help himself, and his clothes should give him the opportunity to do so. The age at which a child

can manage his clothes depends upon the individual, on the training he has had, and on the way the clothes are made.

Clothes that are easily taken off and put on and easily managed at the toilet give the child a chance to help himself, and this gives him a sense of independence.

Simple clothes and few of them—opening in front whenever possible, with deep openings and a few large buttons and buttonholes placed where the child can reach them—are likely to be easy to manage. A mark made with colored stitching showing the front and the outside of underwear helps the child to dress himself. If the buttons have a long shank, the child can manage them more easily.

The child's clothing should fit him and not look as if it belonged to an older brother or sister. A garment that is too large or too small or that the child particularly dislikes may make him shy and self-conscious. The child's clothing should be similar in general to that worn by the other children in the neighborhood, for no child likes to feel that he is different from the others. It should be clean and whole or well mended when it is put on the child, whatever happens to it during play.

By the time a child is 4 years old he may develop certain likes and dislikes in clothing because he hears older people or other children comment on what he or someone else is wearing. By suggestion a child may be taught to like simple garments best. By the time he is 5 or 6 he may help to choose his clothes.

ARTICLES OF CLOTHING

UNDERWEAR

Knitted cotton is good material for underwear, as it keeps the child warm, absorbs perspiration easily, dries quickly, lets air reach the skin, stands frequent washing and boiling, needs no ironing, is elastic and gives as the child exercises, and wears well. Smooth cotton material, such as muslin, is cooler for summer. Wool and cotton or wool and silk may be used in the coldest climates. Rayon, alone or combined with cotton or wool, is being used more and more.

The seams in all underwear, especially at the armholes and crotch, should be flat, as ridges irritate the skin. The crotch seam should be especially strong also, for it gets much strain.

A waist and drawers or a union suit may be worn. During the second and third years, the toilet-training period, separate waists and drawers are almost a necessity. Whether drawers or union suits are worn, the garments must be roomy, so that they will not bind nor cut in the crotch. When waist and drawers are worn, the buttons on the waist can be lowered as the child grows, thus giving more room. Union suits should be especially roomy in the crotch, and when they are new the child's growth should be allowed for by a tuck at the

waistline, the tuck to be let out when the child grows taller. In summer, if side garters are not worn, no underwaist is needed; a light-weight union suit may be worn as the only underwear, or drawers or bloomers made with a wide, flat, elastic band—not too tight—at the waist may be worn with a sleeveless shirt.

In winter a shirt will be needed with the waist and drawers; if a union suit is worn, it should be made of a heavier knitted material.

If an underwaist is worn, care must be taken to select one that is made correctly. Whether knitted or made of muslin, the underwaist should be made with a "built-up" neck, which distributes the pull of hose supporters and puts the strain near the neck, where it can be borne well. Shoulder straps tend to put the strain near the points of the shoulders and are not satisfactory unless they are at least 2 inches wide and cross high in the back.

The underwaist should button in front. The buttons by which drawers or bloomers are to be fastened should be placed low so that the child can reach them. The waist should be about 4 or 5 inches larger at the waistline than the child's waist measure. Armholes should be large, and there should be a little fullness over the chest to allow for growth and for free breathing.

Long garters may be attached to reinforced pieces on the sides of the waists (whether knitted or muslin) or on the sides of winter-weight union suits that have crosspieces in the back. They should not be fastened in front nor toward the front, as this position pulls the shoulders forward and down, nor so tightly as to cause strain at waistline or shoulders. A supporter for side garters is desirable; this hangs from the shoulders with shoulder straps crossed high in the back, so as to bring the pull close to the neck, and a loose belt to which the garters are attached on the sides. When garters begin to lose their elasticity, new ones should be bought. Round garters are satisfactory if great care is taken that they are not too tight.

Drawers, bloomers, or shorts should be ample in the seat, should have a deep, wide crotch, and should not be too tight at the knee. They may be buttoned to a waist, sewed to a bodice, or held up by a wide, flat elastic band, not too tight. (Any elastic that leaves a deep mark is too tight.) If an elastic band is used, new elastic must be put in often; otherwise the garment will slip down while the child is playing. If buttons are used, they should be large—at least three-fourths inch across—with buttonholes large enough to be easily managed. Four buttons in the back are better than three, as it is hard for a child to reach a button in the middle of the back.

In cold weather, drawers should be long enough at least to be tucked into the stocking, which covers the knee. Drawers that are short and loose in the leg are not warm enough for cold winter weather but are very good in summer. In milder climates leggings may provide sufficient warmth for outdoors in winter, even if short drawers and socks are worn.

STOCKINGS

Stockings should be bought large enough for free toe action and should be well shaped to fit the foot. After being washed, the foot of the stocking should be at least one-half to three-fourths inch longer than the child's foot (1 inch longer when new to allow for shrinking). Stockings that are too short may deform a child's feet. When they are outgrown they must be discarded at once.

Cotton stockings are generally preferable to woolen ones, but in very cold climates woolen ones may be used.

In cold weather stockings should be long enough to cover the knee well. Socks may be worn in warm weather. The tops of socks should be tightly knitted, so as to fold back and make garters unnecessary.

If a child has been out in the snow or rain, feel his stockings when he comes in; if wet, they should be changed at once.

SHOES

Take care that the soft bones of the child's foot are not injured by poorly fitting and badly shaped shoes. The shoes should follow the natural shape of the feet. Before buying shoes for a child make a tracing of his foot on paper, with the child standing. Select shoes one-fourth inch wider than the tracing and at least one-half to three-fourths inch longer.

High, laced shoes of the "blucher" type (having the tongue and the toe of the same piece of leather), straight along the inner side, are best. Shoes with the moccasin type of upper are satisfactory if they have soles and are laced. Soles should be firm, flat, moderately flexible, and not slippery. Although heels are not advisable, the sole should be somewhat thicker at the heel and under the arch; a perfectly flat shoe is undesirable. The shank of the shoe should be narrow, the heel close fitting, the upper full and soft over the child's toes, and the toe of the shoe broad enough for his toes to move easily.

Slippers should not be worn instead of shoes. Low shoes, laced and well fitted at the heels, may be worn, and sandals that are well cut and well fitted are permissible—they are better than going barefoot on the ground—but it is better that high, laced shoes be worn by the little child, even in summer.

Elkskin and light-weight calfskin are both excellent leathers. Patent leather is poor, as it prevents evaporation of perspiration. Sneakers are not desirable, as they are slippery and poorly ventilated.

When the child outgrows a pair of shoes, they should be discarded. "Hand-me-down" shoes must not be used unless they really fit.

In these early years shoes are usually outgrown before they are worn out. If the soles become worn and the shoes are still at least one-half inch longer and one-fourth inch wider than the child's foot, it will be worth while to have them repaired. Great care must be taken that when shoes are repaired they are not made shorter or narrower or the shape changed.

Careful watch should be kept to see where the wear comes on the shoe. A child who wears his shoes down very unevenly should have his feet examined by a physician.

If a child has flatfoot—that is, if his ankles are bent inwards and his feet turned or rolled outwards—he must have his shoes specially adjusted. Ask your doctor about this. (See p. 32.)

ROMPERS, DRESSES, AND SUITS

Rompers, dresses, and suits should give the child plenty of freedom, should be becoming, and should all have patch pockets for handkerchiefs and whatever else the child wants to put into them. They should be of sturdy, washable, color-fast material, such as cotton broadcloth, fast-color gingham, chambray, cotton crêpe, and English print. For warmth, light-weight wools are good. Figured ones do not show soil and wrinkle so much as plain-colored goods.

The neck and sleeves should be simply finished and loose. Collarless necklines are easy to launder and stay clean longer. "Raglan" sleeves (those with seams running from the sleeve to the neck) are the most comfortable ones. Kimono sleeves are comfortable if they are cut large enough and are short; they fit best when they have a seam on the shoulder. A strip of tape may be stitched in with the underarm seam of each kimono sleeve to keep it from tearing out. Short sleeves are best except in cold weather. In hot weather sleeveless garments are desirable.

Turned-back cuffs that are loose may be turned down later to lengthen sleeves when the child grows. Armholes should be large from the start, as these can not be enlarged easily.

Rompers or play suits.

Rompers or 1-piece play suits made with a drop seat may be worn by both boys and girls during the second year. The legs may be straight or held in at the knee with a knitted band like a sweater cuff, or with a band of the material of which rompers are made. To get the right size of the knee band, measure the child's legs about 5 inches above the knee. Knee bands should be made so that they can be let out as soon as they seem too tight. Tight elastics must not be used.

After the second year, 2-piece play suits or dresses are better, as the child is then beginning to learn to dress and undress himself. In winter, a 2-piece jersey suit makes a good play suit for both boys and girls. In summer, or even in winter if the house is warm, a cotton suit of strong material or a cotton dress and bloomers or "shorts" may be worn.

Overalls of denim or galatea are very useful to put on over a dress or suit, or may be used in place of a play suit. They bring about a great saving in laundry and, being made of strong material, are economical. They also allow children to play freely without fear of injuring their clothes.

Sun suits.

A sun suit for either boys or girls may have a sleeveless top of coarse fish net and short trousers attached to it. A 1-piece bathing suit cut low in the neck or a pair of bloomers supported by shoulder straps that cross in the back will do for a sun suit. (See p. 29.)

Little girls' dresses.

Dresses for little girls should be made simply and have bloomers or shorts to match. A dress that hangs loose from a yoke or is gathered in at a yoke line and hangs straight is the most comfortable. It should not be so full as to get in the child's way when she is playing. It may have long or short sleeves or be sleeveless, depending on the weather. If a deep hem is put in with chain stitch or hand hemming, the dress can be let down easily. A facing may be used to lengthen a dress that has not a deep hem. Bloomers or shorts to match the dress may button on the underwaist and have a drop seat, or they may be made with an elastic at the waist. In hot weather these may take the place of drawers.

Little boys' suits.

The boy's waist or blouse may be a free-hanging one or one that has the trousers buttoned to it. If the bottom of the waist is left extra long so that the buttons can be lowered as the boy grows, then the crotch in the trousers will not get too high.

Trousers may be buttoned to the waist or may have a wide elastic at the waist. For the boy between 2 and 3 years old who is being trained to go to the toilet by himself, trousers made with an elastic at the waist are easier to handle. If buttons are used, fix them so that he can drop the front without unbuttoning the back. Four buttonholes in the back and three in the front are desirable. Buttons should be placed low so that the boy can reach them easily. When first teaching a little boy to dress and undress himself, it is a good plan to make all his trousers exactly alike so that he will always find the buttons and buttonholes in the same positions. Trousers should not be made of very heavy material. They may be bought extra long and turned up with a double hem so that they can be lengthened later.

OUTER CLOTHING

Coats or other outside garments must be large enough to allow plenty of freedom at play but not so large as to be bulky. They must be adapted to the climate and be as light in weight as possible but still provide the necessary warmth. In spring and fall a light coat is needed; in winter, either a warm coat and leggings or a combination 1-piece suit. The warmth of such garments should be regulated by the actual weather, not just by season. When a warm day comes along in the middle of winter, be careful that the children are not wrapped up too much. If they are perspiring very freely when they come indoors, they have been wrapped too warmly

for the type of exercise they have been taking. All coats or other outside garments should have pockets.

Coats.

The most desirable materials for coats are woolen, closely woven, light in weight, soft, pliable, and moisture proof. Closely woven material is warmer than loosely knit material, since it keeps out the wind. For this reason coats or suits made of woolen cloth are warmer than knitted suits. Closely woven woolen cloth also sheds water more easily than knitted material, and it may be waterproofed to make it a still greater protection from rain. For added warmth a coat may be lined with light-weight wool material or with an interlining of "lamb's wool" (wool wadding).

Leather coats are windproof and are good for riding, but not for play, as they are apt to be heavy and bulky.

Combination 1-piece suits [1] made of closely woven waterproofed wool material make very satisfactory outdoor garments for winter. They should be loose, so as to allow freedom and comfort at play. They may be fastened with buttons or sliding fasteners up the front and at the ankles or down the front of the legs, and may be made with a drop seat fastened either with buttons or with sliding fasteners.

Knitted wool 2-piece suits are less satisfactory for play in snow or wind, as they are less warm and are not waterproof. They may do for the child who is wheeled in a gocart but not for the child playing around, for they will not protect him from wind. A coat may be worn over such a knit suit to keep out the wind.

Sweaters are very useful to provide extra warmth, either in the house if the temperature falls below 68°, or under a coat or outdoor play suit if the weather is exceptionally cold. They should never be worn under the dress or house suit. If possible, each child should have a light sweater for summer and a heavier one for winter.

Leggings.

In cold weather, leggings must be worn outdoors throughout the early years; that is, until the child is sufficiently active to keep his legs warm, wearing only wool stockings or long underdrawers. Leggings should reach well up to the waist, whether under or over the coat. They may be made of closely woven waterproofed wool material or of very close knit material. Loosely knit leggings are less satisfactory for really cold weather, since they do not keep out the wind and get wet through in the snow more easily. For less severe weather they may be satisfactory. If leggings are closed with buttons or sliding fasteners at each side of the waist and up the front of each leg, and if the fastenings are within reach, children can learn to put such leggings on by themselves.

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[1] See Play Suits for Winter (Leaflet No. 54, U. S. Department of Agriculture, Washington, 1929).

Hats and caps.

A close-fitting, woven wool cap is best for very cold weather, as it may be pulled down over the ears. The band should not be tight. A knitted cap is also good but will not keep out the wind. In summer, a head covering is not needed except in the middle of the day, when a shade hat of straw or cotton goods should be worn. Large, heavy, or tight hats should not be worn.

Storm garments.

Little children enjoy playing in the snow, but they must be so dressed that they will not get wet. They should not play in the rain, but it is sometimes necessary for them to go out when it is raining, and suitable clothes should be provided. A warm coat with waterproof leggings, or a warm waterproof suit, a warm cap, mittens, and galoshes are necessary for snow. A raincoat or waterproof suit, a waterproof hat, and storm rubbers are needed for rain.

A child of 5 or 6 may wear rubber boots if he must go out in very wet weather, provided he does not wear them too long. When the child is wearing rubber boots, woolen stockings help to keep the feet from getting cold and also absorb perspiration.

Gloves.

Mittens or warm, closely woven woolen gloves are needed in cold weather. They should be comfortably large, but not awkwardly so. They may be fastened to a tape, which is run through the child's sleeves. Mittens are easier than gloves for a child to put on and take off and are warmer.

NIGHTCLOTHES

Children spend half their time in sleeping garments. Be sure the garments are big enough and not uncomfortable in any way. Cotton knitted fabric is especially suitable for them because of its elasticity. Be sure that 1-piece pajamas and night drawers are long enough from the neck to the crotch and roomy through the seat. Buy or make them several sizes too large. They should open down the front and have a drop seat. For winter wear, suits with feet are warmest.

Night clothes should be hung up to air in the morning. Never let a child wear the same garment day and night. (See also Sleep and sleep habits, p. 65.)

WRAPPERS

A washable wrapper is needed for the child to wear at supper over his night clothes. It may be of cotton crêpe or heavier cotton material or of flannel, according to the need for warmth.

CARE OF CLOTHING

Teach children to hang up their clothes when they take them off, and provide low hooks and shelves or drawers so that they can do so easily. If the little child needs help to remember which hook is his, paste a colored picture over it.

Have enough clothes for the child to change them often. Wash clothes frequently, especially underclothes. Put the clothes to soak for several hours in cold water, rubbing soap on all spots, then wash them in warm suds and rinse them in plenty of water. Do not use strong washing powders, as they are likely to injure the clothes. Boil white cotton clothes often and dry them in the sun.

Wash woolen stockings and sweaters carefully with soapsuds of bland white soap in order to keep their size, shape, and softness. Dry woolen stockings on a stocking mold or stretcher at least one-half inch longer than the child's foot.

When a ready-made garment is bought, look it over before putting it into use to see that it is well finished and that buttons are well sewed on.

Play

PLAY A WAY OF LEARNING

Play is the child's way of learning, of experimenting, of trying himself out, of finding out about everything in the world around him. It is full of pleasure for him, for it is full of new experiences and new combinations of past ones. Play is, at the same time, a serious thing to him and should be planned for seriously by his parents.

Every mother can learn a great deal about play if she will watch her child and not interfere with him. By the time he is a year old he bangs with his toys to make a noise and piles blocks one on the other. He fills his pails with sand and empties them again; he points out figures or colors in his picture books, trying to repeat the word he heard when some one else pointed them out.

Gradually, as the child grows older, he becomes more skillful in his movements and can pile his blocks higher and even tries to catch a ball and later to string large beads. Things that he could not do a few months before are becoming easy. He wants toys with which he can do something. He learns to walk, and with this new accomplishment he starts the pulling and pushing kinds of play. He drags along the floor a toy dog or a box tied to a string, and shoves a chair across the room. Perhaps you have shown him how to throw a ball, and he suddenly begins to throw everything he can reach. Then perhaps, he finds a crayon and scribbles with it on paper, on the walls, on the floor.

At 2 or 3 years he begins to play with other children of his age. If he has older brothers and sisters, they may try to make him share their games, though at first he will not know what they are driving at. To play his part, to wait his turn, to follow the rules of the game, to pay a penalty if he plays out of turn, are ideas that are as yet over his head. After a while he will have grasped them and with them some of the fundamental lessons of happy living.

When a mother has thus stopped and looked at her child's play, she realizes that play is his way of learning. Through it he becomes skillful in the use of his muscles. The little child who can put the last block on top of his tall tower without upsetting it may well dance up and down with pleasure at his accomplishment. He has learned something quite as important for his age as how to add 2 and 2 will be later. Encourage this training of senses and muscles. Give the child toys that call upon him to use new combinations of movements. Playing with a bean bag or a game of ring-toss teaches

him to throw accurately, stringing beads teaches another kind of skill, drawing on a blackboard another. The big muscles of the back and abdomen are made strong by climbing, swinging, walking on all fours, and turning somersaults. (See Exercise and rest, p. 32.)

Do not try to teach a little child to use the small muscles first. Stringing large beads, drawing on large sheets of paper, cutting out large figures are much better for the young child from 2 to 5 than trying to do anything fine with the hands like sewing cards and weaving.

A sunny porch for play

Perhaps the most important lesson learned through play is that of coordination, or the working together of muscles and senses. When you watch a 6-year-old girl jumping rope to the sound of her own singing, or that of her playmates, you perhaps do not realize that the working together of eye, ear, and muscles in perfect rhythm is the result of the lessons learned through play during the preschool years. Childhood is the right time to learn this type of skill; the child who has played with vigor and freedom attains it without conscious effort.

PLAYING ALONE

It is worth while for every mother to teach her child to enjoy being alone. The mother who hurries to pick up the baby as soon as she hears him cooing or talking to himself is making trouble for herself. Any child who is used to being left alone will play very happily by himself and amuse himself with a tin pan and a spoon, clothespins, blocks of wood, or other toys with which he can make or do something.

Cutting out paper dolls with blunt scissors

LEARNING TO DO BY DOING

By playing alone without adult interference or help the child learns to make his own choices, his own decisions; he learns to concentrate his attention on what he is doing; he learns some of his first lessons in independence. Do not interfere with the child's play. If he seems to you to be doing something awkwardly, do not try to do it for him. Let him learn by doing it himself. Even if the result is not up to your standards, it may be very good for one of his experience.

A little child will do the same thing over and over without tiring. He needs much practice if he is going to learn to do things well. Give him ample opportunity to practice climbing, balancing, pushing, talking, singing, sweeping, dusting, shoveling, hammering. Do not interfere in these activities. Let him learn that success comes only through trying and failing and trying again.

THE PLAY PEN

A play pen or a fenced-in part of the yard is a great help to the busy mother. In the pen the child who has not yet learned to climb is safe; and if it is built with a floor, which is covered with a blanket or quilt (except in hot weather), he will escape the cold and the drafts that make play on the floor uncomfortable. The pen should be large enough to allow him considerable freedom of movement, and he should have things to play with so that he will not stand hanging to the side of the pen too long.

THE SAND BOX

A sand box may keep a child playing happily in the sunshine if he has such simple things as spoons, pails, cans, and small wagons. A small sand box or sand tray may well be used on a porch or even in the playroom if no yard is available for this purpose.

NEED OF ACTIVE PLAY

It should be remembered that a child needs to walk and to run, to climb, to swing, to ride, to pull, to push, to dig, to throw, and to have his interests always widening, and these things he can scarcely do in either a play pen or a sand box. At least part of his play should be free and active. (See Toys and back-yard play apparatus, p. 89 and p. 90.)

It is best now to have the room in which he plays indoors so arranged that he can play freely all over it (or in a fenced-off portion) and handle and touch everything within his reach. A play house or porch that is fenced and screened but open to the sun is useful.

PLAYING WITH OTHER CHILDREN

A little child also needs other children to play with. Adults or older children can not take the place of companions of the child's own age. A little child needs to play and develop with other children who are in the same stage of learning as himself, who are his equals, as well as with those who are a little older or a little younger. The parents of an only child especially must bear this in mind. Through group play a little child learns by following the example of others, by having to consider what others want, by finding out that he can set an example which others will follow.

He learns many valuable lessons in adjusting himself to the demands and ideals of his group as he will later have to adjust himself

to the demands and ideals of his community. Self-reliance, initiative, and leadership develop through group play.

Parents should know who are the companions of their child; he may be learning from them to play fair or to cheat. Be careful about letting a little child play out of your sight with children of whom you know nothing. Listen to their talk as they play, and see that no one teaches your child "not to tell your mother" or to "hide it, your father might see." There are plenty of playmates who will help you teach your child fair play, honesty, and courage.

Play in the back yard

It is well for children to learn early that certain rules of the game must be observed, that no one can always win or always have his way, that a good sport can lose without sulking, and that crying is unpopular.

When children are playing together, interfere as little as possible. It is usually better to let them settle their own disputes. Do not encourage tale-bearing; but if you are asked to settle a disagreement, hear both sides and help the children to make their own decision fairly. At times interference is necessary; no one should permit cruelty or dishonesty among children.

IMITATIVE PLAY

Much of a child's play, whether he is alone or in a group, is imitation of what he has seen and heard about him. He learns to do the ordinary things of life by practicing them in his play. A child will act out the events of the household, going over and over what he sees and hears, and he sees and hears just about everything that goes on.

PRETENDING

The little child enjoys his toys because of what he can do with them; as he grows older he enjoys them also because of what he can pretend they are. He will often play in an elaborate world of make-believe, perhaps with dolls or boxes, blocks, flowers, stones, or bits of wood and china. All these things take on an importance to him that the grown-up outsider sometimes finds it hard to see. The flowers may be people, and the blocks, boats or engines. In his imagination he may turn his playroom into a wood full of wild animals, or a lake, with each chair a boat. He is happy so long as he is allowed to play in this way, but he may be made most unhappy by the misunderstanding adult who destroys his fairy castles. Play of this kind is used most often by a child who plays alone; less often children playing together will build up a make-believe world.

It is well for the parents to respect and enter into the spirit of such play. "Let's pretend" is a part of every life, and the imagination of the child should be helped to grow in a healthy direction; however, this make-believe life should not occupy a child's whole time. Play with real toys and real children should be a larger part of his life.

Dressing up to play parts, especially with costumes, is usually enjoyed by children playing together. This kind of play cultivates the imagination and at the same time encourages a social spirit.

TOYS

There are two kinds of toys—those that the child can do something with and those that he can only watch. Children enjoy for years their sand boxes, blocks, balls, tools, wagons, dolls dolls' furniture, and the many other toys out of which they can make something or with which they can do something new; but they soon tire of the toys that they ony watch—the ordinary mechanical toys. Many a child takes more pleasure in a dozen clothespins and a few pieces of cloth to wrap around them than in an elaborate ready-made doll whose clothes will not come off. Certain mechanical toys are of interest to a child, such as a toy phonograph that can be handled readily by a child of 3 and an automobile that he can wind up and steer. The little child is interested in making, in building, in doing—not in looking on. Encourage him in this, for if he does not develop this interest early in life, he may grow into the kind of person who is always a looker-on and not a doer.

Blocks should be part of the equipment of every playroom. Plain blocks, colored blocks, large ones and small—all blocks are worthwhile toys. They are used in many ways—to build houses, barns, fences, or roads. They become trucks and railroad trains. The colored ones that offer a chance to experiment with patterns, shapes, and matching of colors delight children. Wooden blocks in the shape of a train of cars, which can be taken apart or hitched together easily, are good. Blocks may be made at home by cutting a piece of lumber known as a "two-by-four" into 2-inch lengths and sandpapering the pieces until they are smooth. So as not to be too heavy, large blocks may be made like boxes with covers nailed on.

Balls are always satisfactory toys for young children. Very large balls to be rolled on the floor, smaller balls to throw, rubber balls to bounce, colored balls, balloons on a string, are all good.

Large sheets of paper and crayons for drawing, clay or moist sand for modeling, blunt scissors and large pictures to cut out, bright-colored pieces of paper in different shapes that can be used for folding, cutting, or pasting, a peg board with large colored pegs and holes, large colored beads to string—all are toys in which the 3 to 5 year old child will take much interest if he is allowed to use them himself.

Toys that can be pulled by a string, such as a horse and wagon, or a truck, or a train of cars, are of special interest to the 2 to 4 year old if they are large enough to be loaded with blocks or sand and unloaded again. Electric trains are not suitable for children under school age.

Dolls made of cloth and painted so that they will wash, soft rag dolls, soft woolly animals and other toy animals, housekeeping toys of all sorts—small tables, chairs, dolls' beds, bureaus, carriages, kitchen stoves and pots—gardening and carpentry toys that are really useful and durable are needed for the 4 to 6 year old child.

Shelves of the right height for the little child are better than boxes for toys, for the child can keep the toys in better order on shelves. Toys that are kept in a box are more apt to be broken.

Avoid toys that are easily broken. Through them the child learns careless and extravagant ways. Toys should encourage constructive, not destructive, habits.

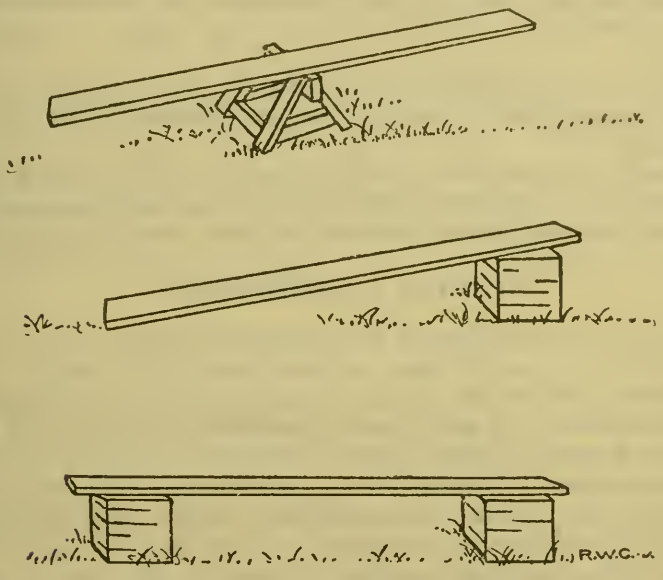
Toys that encourage outdoor vigorous play are valuable. A tricycle, a wagon big enough to ride in, a wheelbarrow, and a sled give opportunity for much activity.

BACK-YARD PLAY APPARATUS[1]

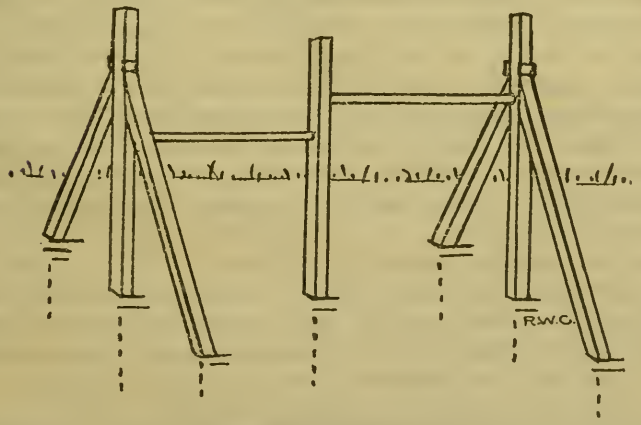
Certain pieces of homemade play apparatus, such as a sand box and a low swing hung securely with a firmly fastened seat, are needed in every back yard where little children play. A plain, smooth board may be placed across a low wooden horse as a seesaw; such a plain board may be used also as a slide or placed across two low

[1] For material needed for making play apparatus, see Backyard Playgrounds (U. S. Children's Bureau Folder No. 2, Washington, 1923).

supports (large blocks of wood or low horses) and used by the smallest children to walk along while learning to balance themselves. A horizontal bar fastened securely to uprights and placed at the proper height, or a set of climbing bars with cross pieces at various heights,



Three ways of using a board for play



Horizontal bars for play

gives children the opportunity to use their arm and shoulder muscles. A small, movable ladder can be used for climbing when there is some adult supervision, or it can be supported in a horizontal position on uprights just high enough for children to grasp the rungs with their hands over their heads and swing from rung to rung.

Two or three wooden packing boxes of different sizes, with nails safely driven into the wood, provide material for playing house or store or for other imaginative games. A few separate boards, not too large nor too heavy for a little child to carry about, provide material for building. So, also, large blocks made like hollow boxes, or even a collection of small wooden packing boxes, are useful for building.

A slide not too high, built with a ladder leading up to the platform at the top, gives opportunity to learn sureness of step, balance, fearlessness.

All back yards may not be large enough to have climbing bars or slides, but simple apparatus like the seesaw, packing boxes, swing, or horizontal bars can be used in small yards or even on a porch.

STORIES AND PICTURES

The best books for the very little child are picture-books made of cloth, for he can handle them without tearing the pages. Large, gaily colored pictures are his chief delight. Pictures of things that he knows about are of more interest to him than pictures of things he has never seen. Children very early enjoy rhymes like the favorite, Mother Goose. The first stories children like to hear are simple ones with much rhythm and repetition. "This little pig went to market," "The house that Jack built," "Three little kittens" delight the child. Probably they care less for the story than for the sounds. Interest in the story itself comes later, but the pleasure in sound and rhythm remains. Most children enjoy having simple stories read or told to them. They like to hear the same story told over and over again or to look at the same picture again and again. The parents may weary of a story long before the child is satisfied.

Choose pleasant, happy stories, whether you tell them or read them to the children. Do not give children pictures or books that may fill them with fears. Do not buy a book merely because it is cheap or has a pretty cover. Find out first whether it is the kind of book that the child will enjoy.

Pictures of familiar animals or groups of children playing, or those illustrating the nursery rhymes or stories, preferably colored pictures, may be placed on the wall where the children can see them easily, not too high. If the walls are painted, pictures may be pasted on them and later washed off and new ones put up.

TRAINING THE EYE, THE EAR, AND THE FINGERS

Teach the child to enjoy form and color, to draw, however crudely, and to make patterns out of colored blocks. Help him to develop the sense of touch seen in the child who is letting sand run through his fingers, shaping a mud pie, or tenderly smoothing a piece of satin or velvet dropped from his mother's sewing box. Even the very young child may get great pleasure out of beautiful sounds and

shapes and colors. Musical interest is keenly developed in some young children, and a piano, a phonograph, or a radio is a great source of pleasure and instruction.

RHYTHMIC PLAY AND APPRECIATION OF MUSIC

Rhythmic movements to music are a great pleasure to most children—singing, marching, keeping time to music with hands or feet or bodies. Thus they learn to appreciate and respond to rhythm, to recognize and reproduce musical sounds. Such activities help to develop love of music as well as skillful use of the body. In schools it is called "training the ear" or "music training," but every child who plays the singing, dancing games of childhood is getting his ear as well as his muscles trained. Ball-bouncing games and hopping games also are of the rhythmic type.

CHRISTMAS AND PARTIES

How can we make Christmas a truly happy time for the children? By avoiding confusion, fatigue, too many things at once, too much excitement, upsetting of the daily routine, and unusual food. One mother lessened the confusion by having the little children get their presents at a different time from the adults and by putting away all but a few toys after a short time. She also insisted on an out-of-door play time and a long midday rest for all. The children had their dinner alone, and she made it a simple meal of the things they liked; she knew that digestions are upset very easily by excitement, and she gave them no rich and unusual food at dinner and no candy between meals.

Do not overdo the Christmas festivities for children. A tree hung with apples and a few shining ornaments and festooned with strings of cranberries and popcorn and colored papers gives just as much pleasure as one elaborately trimmed. Simple toys are often those most loved by children. It is often the parents who can not afford to spend much money at Christmas who succeed in making it the happiest time.

Parties for children under 6 years of age should be very simple and occur very seldom. Above all they should be small, not more than three or four children, especially for the child who is not accustomed to playing in a group. Parties should not interfere with the regular nap and meal times. Unusual foods should not be served, nor should any food be served at unusual times. Foods that would usually be served for dinner or supper may be served in special dishes or in a special manner, such as fancy shapes for cookies or oranges, or sandwiches instead of bread. The child for whom the party is being given may be allowed to choose which of the usual dishes he would like to have.

Simple table decorations may add a little extra color. The children should not be dressed up in fancy clothes that may be spoiled

by play. The getting together of a few children for play is in itself sufficiently exciting and unusual to the average little child to warrant the name of a party. Simple games without undue excitement, played out of doors in a group, followed by a simple supper at the usual time, make the best kind of party for little chidren.

PUBLIC GATHERINGS

Do not take a little child to public gatherings, such as fairs or circuses, or into crowded stores. These are always overexciting and overfatiguing, and offer great risk of infection. Unless you suggest to the child that he is missing something by not going to such places, he will feel no disappointment. A child should not be expected to sit through movies or other entertainments suitable only for grown-ups.

The Child's Development

THE INFLUENCE OF THE HOME

The child is dependent on his parents for the kind of body and the kind of mind he is born with. This is what is called heredity. The fact of heredity, however, does not mean that at birth he is fixed in all ways and for all time. Each child has in him capacities that may or may not develop, depending on the surroundings in which he grows up. This makes it worth while for parents to struggle to give their children opportunities for the development of the best that is in them. Nothing can change the child's heritage; how the young child will develop his particular gifts will depend upon the opportunity and training offered him in his home environment.

It is really the older people who make the home. They choose its location and its furnishings, its books, newspapers, and music. One person may be always talking of radio and another of baseball, one may talk of things he has read in books or seen in his travels, another of clothes or of sickness or of crime. All these things make up the atmosphere in which the children are developing and which will determine their habits of thought and behavior and mold their characters and their ideals. No amount of teaching will influence young children so much as the daily behavior and conversation of the older members of the family.

WHAT MUST A LITTLE CHILD LEARN?

The child has many necessary things to learn during his early years. He must learn to walk, talk, and begin to understand his world. He must learn to feed himself, dress himself, go to the toilet alone, wash himself, put away his toys and his clothes. It is desirable to answer a child's questions and give him information as he seeks it, but it is not wise to force his mental development by teaching him to memorize verses or to recite the alphabet in order that he may "show off."

HOW DOES A LITTLE CHILD LEARN?

LEARNING THROUGH SATISFACTION

The feeling of satisfaction is of the greatest importance in learning. A child who gets this feeling out of doing anything will want to do it again. The one who cries after he is put to bed and is allowed to get up again will almost surely cry the next night. If, however, no pleasant result follows, probably the crying will not be repeated.

A little child gets great satisfaction out of the attention of others. He soon begins to desire this attention in one form or another and he soon finds out how he can get it. Smiles and nods of approval or a simple "That's a good boy" or "That's fine" are usually all that is needed to satisfy the child. But if he does not get a little attention in the form of praise when he is "good," he will surely try to get it by being "naughty." He may even prefer punishment to no attention at all. This desire for attention is of the greatest importance and help to the mother when she is trying to teach the child good habits.

LEARNING THROUGH EXPERIENCE

Whatever a child sees or hears or feels is an experience through which he is enlarging his world and by which he is developing. By the time he is running about, his experience is enlarging very rapidly. He is curious about everything. He wants to look and to feel, and parents must remember that this is his way of learning. He needs to be allowed to use his eyes and ears and hands freely, and when he has learned to talk, he needs to ask many questions.

Let the child learn so far as possible by doing. Guide him away from harm by encouraging useful activity. It is surprising how early children can be taught by doing. A little boy of 2½ years was given a very beautifully illustrated book of Mother Goose Rhymes. His mother and father did not put it away till he was older, but they showed him how carefully the pages should be turned and how gently he must treat them. Two months later, though the book had been used almost daily, not a page was torn.

It is unfortunate when a child's home contains many things that he is not permitted to handle because they break easily or are costly. "Don't touch" is frequently necessary, but most of a child's time should be spent where he can touch. We would not think of splinting a child's legs so that he could not move, but too many "don'ts" are splints for his mind. Curiosity is the best of teachers and should not be carelessly discouraged. Before you say "don't" to a child, always stop to think: "Am I saying 'don't' because Johnny is doing something that I really must teach him not to do or just because I have the 'don't' habit?"

LEARNING BY ASKING

Children should be encouraged to ask questions. It is well to teach a child not to interrupt, but his question should not be left unanswered. "Wait till mother gets through talking to Mrs. Brown, and then she'll tell you."

The child who seeks attention by continuous questioning requires careful handling. He must be urged to answer his own questions. "Stop and think, son, perhaps you can tell me what daddy is going to do with the hammer," or "Go and see what daddy is going to do," encourages the child to think out his own problems and teaches him

a new way of getting questions answered. It is a much better way of handling the child than telling him to keep quiet.

LEARNING THROUGH IMITATION

Imitation is as important a factor in a little child's development as curiosity. Nearly everything a child does he has seen some one else do. He may refuse a certain food if he sees some one else refuse it or he will eat it eagerly if the rest of the family are doing so. He learns to slap by being slapped. He learns to be untruthful by hearing untruthfulness. He delights in sweeping with a toy carpet sweeper or in ironing with a tiny iron or shoveling with a snow shovel because he has seen adults do similar things.

Habits and manners of speech are acquired by imitation. "Thank you" and "please" are used most by the child who hears them used. Listen to the small child's conversation and you will hear in it a reflection of your own. Listen to the child talking over his toy telephone. He uses the very intonation and phrase he has heard used, whether it is one of courtesy or one of rudeness and ill temper.

So, too, fears and likes and dislikes begin as imitations of the feelings of others. They are not inherited, though mothers sometimes think they are. A child will be afraid of a spider or a worm if he has seen his mother afraid of it. Whether his mother knows it or not she has shown her fear, if only in her manner.

A child does not pick up bad habits any more quickly than he picks up good ones, but any habit once started is difficult to break. The emphasis placed on the "bad" one by the distressed parent often fastens it the more firmly in the child's mind. A child imitates all kinds of behavior. See that he has the right kind to imitate.

LEARNING THROUGH SUGGESTION

When a little child shrinks away from caterpillars or spiders because his mother does, or dislikes cereal or spinach because his father does, the grown-up has "suggested" this dislike to him, and he imitates the grown-up's feeling. Most children are very easily influenced by suggestion or imitation of another's feeling. Suggestion is thus an important way in which a child learns. Take for granted—suggest to him—that he will not cry when he tumbles, that he will do as he is told, eat what is set before him, take his bath without a fuss.

A mother who expects trouble usually gets it. When Willie is told, "Come in this minute; you've got to get your bath, and there's no use arguing," he feels tension in the air and disobedience is suggested to him. But "Willie, as soon as you've run your train around once more we are going in to get all cleaned up before supper" suggests something pleasant and is much more likely to bring obedience. Children will often follow such suggestions willingly, when a command might be disobeyed. (See Obedience, p. 99.)

Suggestions as to behavior are being given to children constantly. If we realized this fully, perhaps we would not say some of the things we do before the children. Perhaps when a vegetable is being given to Johnnie for the first time, his mother says, "I wonder whether Johnnie will like this; I never did." Or perhaps Mary hears her mother say, "I hope Mary won't cry when I take her to the doctor." And then she is surprised when Johnnie refuses the vegetable or Mary cries at the doctor's office.

GIVE A CHILD TIME TO LEARN

One of the hardest things for the parents is to let a child do things for himself at his own pace, neither holding him back nor pushing him too fast. It takes time and patience to sit by and let the 3-year-old try to lace his own shoes, but he is learning a new and complicated act, and he needs plenty of time to do it correctly. Do not hurry a little child when he is learning; do not force him into prolonged effort when he is tired. "You lace that shoe and I'll lace this one" may be a good plan for the beginner. Do not call a child slow nor speak to him sharply about his mistakes. Let him see how it should be done, and if unsuccessful to-day, let him try again to-morrow.

BRINGING UP CHILDREN

AGREEMENT BETWEEN PARENTS

Parents must think and plan if they wish to give their children the best possible opportunity for growth and development.

It is worth while for parents to make every effort to adjust their own difficulties for the sake of their children. A home in which there is bickering and disagreement or sulky acquiescence is a sad one indeed. Just as bad is the home in which actions are frequently hidden or disguised, as when a mother or grandmother or nurse says to a child: "I'll give it to you, but don't you tell your father."

Parents may have different opinions on certain points, but let them be sure to reach an agreement in private. It is hard in any case to be always just to children, who often do not understand adult values, but it is impossible where the parents disagree.

It is a fatal mistake for those in authority to criticize each other's decisions before the children. The mother who says to her husband in a tone of irritation, "What made you let sonny go out? I told him he wasn't to go. Don't you know he'll catch more cold?" is making such a mistake. Much wiser it would be to say: "Sonny, did you forget that mother said you weren't to go out? You mustn't ask daddy to let you do things when mother has said 'no'."

CONSISTENCY AND TRUTHFULNESS

"It's not fair" was the cry that was forever being heard in the L. family. "Yesterday mother didn't say anything when she saw us jumping on the sofa and to-day she's mad." And the worst of it

was that Mrs. L. was not fair. Some days she was in a good temper and everything was all right; other days everything was wrong. The L. children were always fighting, always crying, always being punished.

Most children are not quite so badly off as the L.'s, but many well-meaning parents complain about their children, calling them naughty and hard to manage, not realizing that the fault lies in their own inconsistencies.

Of course parents can be neither all wise nor all powerful, but fair and honest and consistent they should be. The child who hears or sees or feels untruthfulness or dishonesty in his home, even in little ways, is being taught slowly but surely to be untruthful or dishonest.

The child's parents are not the only ones who influence him to be truthful or untruthful. Everyone with whom the child comes in contact—other relatives, nurses, boarders, friends—is his teacher, and anyone by being deceitful or dishonest may teach him to be deceitful or dishonest.

OBEDIENCE

Obedience should be the natural result of the child's trust in his parents and not the result of fear. Teach your children to trust you and they will obey, but remember that more important than obedience is the teaching of such standards that your child will know what to do when you are not there to direct him.

When parents are absolutely consistent in their treatment of children, the children know that when a command is given there is no use in questioning it. Certain things must be required of every child. Under no circumstances must he run out into a road where cars are passing; he must not touch lamps, or stoves, or matches; he must not hurt his baby sister, and so forth. Every effort should be made to teach the child to obey absolutely in these important things, and punishment (see p. 105) may be necessary in the process of teaching. It is better not to make issues of less important matters.

If the parents expect the child to do what he is told, he will usually do it, but it is well to give him a little time to finish what he is doing and not interrupt him unnecessarily. A warning five minutes ahead of time that dinner is almost ready or that bedtime is at hand will give him time to finish his play and pick up before he must go. Satisfaction from obeying helps to form the habit of obedience. It is better to lead a child to obedience than to drive him to it.

Obedience or disobedience often depends upon how a command is worded. Make it easy for the child to obey, never give commands that are not worth giving, and never give commands that are not worth insisting upon. A constant "do this" and "don't do that" in matters of no importance should be avoided. Many things are unnecessarily forbidden or required of a child, and these unimportant commands lead to many unnecessary punishments.

Many parents do not make clear to the children the difference in value and importance of such commands as "Take off your hat when you come into the house," "Don't pull the kitten's tail," "Don't put things in your mouth," "Don't take things that aren't yours," "Don't lean out of the window." Some of these things are matters of courtesy, others of health or of cleanliness, others of physical safety, and others of "morals." It is not always a matter of "good" or "bad," yet those two words are constantly used. "What a bad boy not to shake hands with the lady. Mother feels so ashamed!" and "What a bad boy to tell mother a lie!" and "What a bad boy to leave his toys around!" It would be easier for the child to understand if he were taught that certain things are polite and are done by the older people whom he admires, that untruthfulness is wrong, that it is untidy and careless not to pick up one's toys. (See p. 33, Child Management, U. S. Children's Bureau Publication No. 143, Washington, 1928.)

CONSIDERATENESS

Children must respect the rights of their elders, but the elders must also respect the rights of the children. Parents should try to understand their children and give them every chance to grow and develop. It is unfair to permit a child to make a nuisance of himself by disturbing everyone, but the child who is shown off to guests and laughed at when he turns somersaults in the parlor at the age of 2 finds it hard to understand why the same behavior is punished later on.

It is reasonable and fair that the children's treasures should receive consideration from the elders. What a sense of helpless indignation fills the child whose elaborately built block castle is knocked down by some adult who says it is time to clean up! To the child his castle is just as beautiful as the vase about which so much fuss was made when he knocked it over by accident, and it was not by accident that his castle went tumbling. How easy to see the injustice of this commonplace occurrence and yet how often children are scolded for the fuss they make when it is time to clean up. Would it not be wiser to set aside a room or at least a corner of a room where such treasures would be safe and where the child himself would be undisturbed?

Everyone knows the satisfaction of possession. The child enjoys having his own spoon, cup, doll, blocks, but parents who try to give a child everything he wants are doing him a great unkindness. He must learn also to share things with others and help to take care of them. He can learn that other people, like himself, enjoy having things of their own and he can be taught the pleasure of giving things to other people.

DIFFERENCE BETWEEN YOURS AND MINE

A child who is one of a large family where possessions have been common property and who has never had things of his very own, may find it hard to realize that he must not take the clothes and toys of

other children. Or he may have had so many things that he believes everything belongs to him and does not understand why he can not take anything he wants. He needs to be taught the meaning of ownership, of the difference between yours and mine. Such very simple lessons as "This is your toothbrush and that is sister's. You mustn't use sister's, and she won't use yours" will lay the foundation for an understanding of what ownership means.

MONEY

Children should learn something about money and its use while quite little. A 5-year-old child is quite capable of telling the difference between a penny and a dime, and it is well to let him learn that a penny will buy this marble and that a dime will buy that ball. Although it is not wise to take children on shopping expeditions, it is worth while occasionally to let the 5-year-old child buy something so that he may begin to learn by experience how to use money.

FEELINGS OR EMOTIONS

We are constantly appealing to the child through his likes or dislikes, through his fears, or through his fondness for people. His feelings about things and people around him make up his emotions, and his happiness depends to a large extent on what kind of emotions he has. The person who feels kindly toward others, who is neither suspicious nor afraid, and who can control his temper is certainly happier than the person who sees in everything about him a reason for complaint and bitterness.

Many people forget that their feelings are conveyed to the child by the tone of voice, by gestures, looks, slight changes of expression, or even by tension of the muscles. A child realizes and imitates the fear, the anxiety, or the contentment of the people he lives with.

Encourage children in kindly feelings toward others. Welcome the children's friends in your home. Just as a child should be taught affection for his brothers and sisters, so he should be guided to feelings of loyalty and kindliness toward his little friends.

FEARS

Some homes seem to be full of fears—fear of "what people will say," fear of burglars, fear of disease, fear "that something awful is going to happen." These are not taught the children consciously, but children are all too aware of these feelings in their elders. Even very young children who may not understand all that they hear are made fearful by stories of illness, death, misfortune, and disaster.

Parents should teach a child enough about danger to enable him to safeguard himself, without filling his mind with unnecessary fears and anxieties. He should know that he must not go near the fire and that a moving motor vehicle will harm him if he gets in its path, but he should not be afraid of the dark or the doctor or the

policeman. Never use threats. Never frighten a child. The unfounded fears or superstitions of grown people are often passed on to children. Do not teach children to be afraid to walk under a ladder or to sit down 13 at the table or to expect misfortune after a mirror has been broken.

Fear is contagious, but, fortunately, so, too, is courage. Although children feel a natural fear of loud noises such as thunder, they may, by the example of their elders, learn to enjoy the grandeur and beauty of a thunderstorm and no longer be afraid.

SEX EDUCATION

Many older people feel ashamed when matters relating to their bodies or to sex are brought up. Children have no original sense that one part of the body is different from another or one subject of conversation unlike another. The small child handles his toes, his knees, or his ears and nothing is said; then he handles his genital organs and is scolded and told to take his hands away. He is puzzled and made uncomfortable because of the shame that his parents feel. He is taught the names for other parts of his body, but is given no words with which to satisfy his normal curiosity by asking questions about these parts. It is well for a child to learn the names [1] of all the parts of the body that he can see and to use them without embarrassment in talking to his parents. If he is taught to feel that certain parts are not nice and must not be mentioned, he is apt to carry out further investigations secretly and, perhaps, shamefacedly as he grows older. The feelings that a child builds up about sex may have far-reaching effects, and it is of vital importance that his early associations should not be those of shame and fear.

The very fact that in early childhood there is no self-consciousness about matters of sex makes the whole problem simple if the parents can enter into the child's unemotional state of mind. In simple words he can be told the facts about reproduction whenever he shows curiosity about them—that babies grow inside their mothers; that they get their food through the navel cord, which comes off after birth; that babies come from a tiny egg that is inside the mother and that starts to grow after the father sends a little seed to the egg to help it turn into a baby. Further details are seldom required until the child grows older, but they should be given truthfully and simply when the child asks. The child asks where babies come from quite as casually as he asks where eggs come from, and to let his question be a cause for embarrassment is to place upon it a false emphasis and give this matter of babies the "shame association" that is most to be avoided. If the question comes at an inconvenient moment, the answer may be postponed till "mother isn't so busy talking to her friends," but it should not be hushed up or evaded.

[1] He should know the words scrotum, penis, testicle, vulva, navel, breast.

Without making children feel ashamed, it is easy to teach them that taking off one's clothes, going to the toilet, and talking of bodily functions and matters of sex are not suitably done in company. "We will talk about that later" may be needed a few times, but children are quick to understand these differences.

It is well for young children to see one another undressed. They can thus learn without emphasis the difference between the sexes and will not develop an undesirable curiosity later. In a matter-of-fact way the child will take it for granted as he grows older that he should dress in his own room and will then readily adjust himself to the adult conventions.

JEALOUSY

Feelings of jealousy in a little child are most often aroused by the arrival of a new baby in the family, who seems to the child to be getting all the attention that used to be his. Some adults realize so little the seriousness of this matter that they encourage this feeling of jealousy. Feelings of love, of tenderness, of protection, should come to a child when he sees the new baby, not those of hatred, jealousy, and resentment. The parents need to teach him to love the new baby. He should be told that the baby is coming and should be shown the preparations for its arrival and made to feel that he is to take part in its welcome. Parents should take great pains to divide their affection and interest equally among the children. When the new baby arrives, do not let the older children feel that he is getting all your attention. Make a special point of giving affection to the older children, too.

SOME PROBLEMS THAT EVERY FAMILY MEETS [2]

In every family where there are little children behavior problems will arise in spite of every effort to avoid them. Some difficulties the child will outgrow if too much attention is not paid to them. Others become more persistent and troublesome as he grows older. Sometimes problems of this sort appear one after another or several at the same time. Often the difficulty is removed by learning and removing its cause. Until the cause is discovered, it is often best to ignore the difficulty. Anxiety and nagging and repeated punishment rarely help. When a child is difficult to manage, his tantrums, shows jealousy toward his little sister, is timed and afraid or says "no" to everything, there is always some cause for his behavior, which needs special study. Every problem is a little different from every other problem. The cause is often a matter of poor management. The parents must try to find out what the underlying cause is and in what way they are dealing with the child unwisely. If they hope to help the child, they must be willing to make changes in their own attitude.

[2] For discussion of how habits arise and of undesirable habits connected with sleep see p. 25 and p. 69 of this bulletin. For detailed discussion of behavior problems in children see Child Management (U. S. Children's Bureau Publication No. 143, Washington, 1928).

If possible, they should seek the advice and help of a physician who is experienced in children's problems.

A child who has frequent bursts of misbehavior should be considered carefully from the standpoint of health and hygiene. Is he underweight? Is he getting inadequate sleep, food, exercise? Is he leading too exciting a life with too much attention? Is he receiving too little attention when he is good? In what way is he being handled unwisely? Is he spending too many hours with overanxious adults and too few with other children? Many a child who is frequently "naughty" is a tired child.

The child who is difficult to handle.

All children desire attention. The troublesome child is often one who wants attention so much that he is willing to be punished rather than to be ignored. It is better for him to be noticed for hanging his clothes up neatly or remembering to wash his hands before dinner, than for having on a new suit or making some "smart" remark or being naughty. The child who is ignored when he is well behaved may find himself the center of attention when he spits out his oatmeal, or uses a swear word, or pinches the baby. Perhaps the first time he used a swear word the surprised adults laughed and made a great fuss about it; and now, though the laughing has changed to scolding, the fuss continues. Perhaps it is wisest to ignore a single outburst of this type. If it can not be ignored because it is repeated, a child will often be influenced more by a quiet word or two than by excited reproofs and scoldings.

The child who has temper tantrums.

The child who has temper tantrums is another child who is trying to get attention. Perhaps he is not getting attention for doing desirable things, or perhaps the family attention is not evenly divided among the children. Is there a new baby of whom he is jealous? The management of such a child may be difficult, and always requires patience and self-control on the part of the adult and absolute firmness. He should get no attention when he has a tantrum. Scolding is of little value, as it gives the attention the child wants. Rarely does it help to slap or spank. It is best to leave the child by himself until he is quiet, then without comment to let him come back to the family group. Be sure that he does not get what he wants by having a tantrum. Do not let him know that you are in any way upset about it. When it is all over, do not demand apologies of which he does not understand the meaning. "I'm sorry" is a formula without much meaning to a little child.

In all dealings with children, gentleness of voice and of action produces the best results. Children quickly feel the tension of adults and respond by imitating them. Anger and excitement breed anger and excitement. Particularly is this true with the irritable, excitable child.

The child who always says "no."

In handling young children do not pay too much attention to a child who says "no" to everything. Many little children go through this negative period. It may be partly imitation of parents who frequently say "no" to the child, or it may represent his first feelings of independence of action. Little is gained by punishment or by arguing. Ignore the habit as much as possible and give the child very few chances to say "no." In most children this negative phase will pass when they discover that it is not gaining them attention.

The child who does not tell the truth.

The best way to teach children to be truthful is to set them an example of truthfulness. Many falsehoods are imitations of those of adults. The mother who says, "I don't want to go to the Browns' for dinner. I'll say I have a headache," or "Don't let the minister know I'm sewing on Sunday. Tell him I had to tend to baby," will soon find that her child is making up the same kind of excuses.

Little children may not always know the difference between fact and fancy, and their imaginings are not to be treated like intentional falsehoods. A child who is acting a game or story may tell some fanciful tale and insist that it is true. Parents who answer "yes" to the child's question, "Is there really a Santa Claus?" are doing the same thing.

Children who are frequently punished may become untruthful because they are afraid.

Punishment.

Punishment is at times necessary, and when it is used it should be immediate and appropriate. It should never be given in anger, nor should it be delayed. There should be close connection between the act that the child should not repeat and the unpleasant sensation called punishment. A child punishes himself when he burns his fingers by touching the stove. The pain in this case is the direct and immediate result of the deed. Most little children after such an experience will cry and draw away if forced too near the stove again. Unfortunately, all misdeeds do not thus hold their "natural punishment" within themselves; but punishment, whenever possible, should have some relation to what the child has done.

A child who is fighting with his playmates may well be punished by being removed from the group; a child who refuses to eat what is set before him, by having the part of the meal that he likes, such as the dessert, withheld; a child who smashes a toy, by learning that he will not get something to take its place.

If a child is punished by being left alone in a room, be sure that there is a light. Do not punish him by putting him in a dark closet.

Physical punishment such as slapping and spanking should be used rarely and never in anger. It is most appropriate when a child has done something the repetition of which will endanger his life, such

as running out into the street or playing with matches. The punishment for such misdeeds should be prompt.

Punishment should never be prolonged nor delayed. To take away a toy for a week, or to take away some future pleasure because of a naughtiness of to-day, is a useless treatment of a child, for his memory is so short-lived that he would be unable to connect the hardship with the misdeed.

The value of punishment is often exaggerated. When used, it should always be consistent. (See p. 98.) Corporal punishment is rarely justified. Never tell a child you will punish him unless you intend to do so. Never threaten him. Never try to make him afraid by saying that if he is not good you will leave him in the dark or call the policeman or the doctor.

Consistency in discipline.—Discipline should always be fair and consistent. It is worth while for parents to think out their policies about punishment carefully and at leisure, and to talk them over. If the whole matter has been conscientiously thought out, the handling of each individual case tends to fit into the general plan adopted. Do not allow a child to do a thing to-day and, perhaps, laugh at it, and then punish him for the same thing to-morrow. Do not punish a child unless you have considered what good you think it is going to do.

How can the need of punishment be avoided?—Whatever one may think about the value of punishment, no one wishes to punish a child unnecessarily or unjustly.

How often do we find that the need for punishment arises because we expect too much from a child when the fault is really ours for not having taught him to do things for himself, to be independent and responsible, or for not being consistent in our commands or attitude. The mother who says, perhaps with a certain satisfaction, that the baby "won't let any one else do anything for him," or that the older child "can't bear to have her out of his sight," is certain to have trouble later, especially when it becomes necessary for others to care for her children. No mistake is made more often than that of prolonging a child's period of baby dependence on the parent.

Disregard of a child's need for regularity of rest and food, such as keeping him up late, taking him to the movies, dragging him about shops until he is tired and irritable and "naughty," and then punishing him for his naughtiness, is another cause of avoidable punishment.

Again, many parents punish children unjustly for perfectly harmless behavior because they themselves are tired and irritable and the children "get on their nerves." It is in the stress of such irritability that parents make issues or threaten punishment for trivial things that are really not worthy of such attention, and then find themselves forced into carrying out the threat.

Children are often naughty when they have not adequate opportunity for "letting off steam," or again when they have done one thing too long without rest. Change of occupation may often save

the day. Many a punishment has been avoided by the mother who feels trouble in the air and sends the small boys out to let off their surplus energy in racing around the yard, instead of letting them go on teasing little sister to the point of tears.

Does punishment always help?—Again, we would all agree that no one wishes to punish a child if the punishment does not prevent him from repeating the act for which he was punished. For many children punishment is one way of becoming the center of the stage, of attracting attention. If your child has to be punished often, perhaps this is the reason. See whether he is getting attention only when he is naughty and being ignored when he is good. Some children enjoy their reputation for naughtiness. They need to be ignored instead of punished.

Praise and rewards.

The use of praise and rewards is often more important than punishment. A child who had been a persistent bed-wetter and had been punished and shamed and scolded for years, overcame the habit in a few weeks with encouragement and a few simple rewards. His successes were made much of; his failures ignored.

Praise and rewards, however, must not be dealt out unthinkingly. If every trivial thing is praised, praise loses its value, just as punishment does when carelessly used. Rewards, especially, must be guarded. In some families in which the reward system is carried to an extreme the children expect to be paid for everything. Children should not be paid for doing the everyday things that they should do anyway. The use of rewards to help a child establish a habit or to overcome some difficulty is quite a different matter.

Bribes.

Bribing should never be resorted to. The mother who meets her little problems in this way is sure to have more serious ones to meet later. How futile and weak it seems when we hear Mrs. Jones saying to Willie as he struggles with the barber, "Hold still, Willie, I'll buy you an ice-cream cone if you let him cut your hair." Yet how many parents do this very thing. "If you let the doctor look in your throat, I'll buy you a new boat." "I don't want to—I don't want a new boat," replies Johnnie. And then what? Bribes seldom work.

Threats.

Threats are usually made by adults to frighten children into doing something. "If you aren't good, I'll call the policeman," "If you don't stop crying, I'll go away and leave you," "If you say that naughty word again, the doctor will have to cut your tongue out," are threats of the worst type. None of these things would a mother really think of doing. She is not only frightening her child but lying to him.

It is right that a child should be warned that if he does something which has been forbidden he will be punished, but it is a fair warn-

ing and not a threat to say quite calmly and with every intention of doing it, "Johnnie, the next time I hear you use that word I shall have to wash your mouth out with soap and water." The intention of the parent here is not to frighten but to warn, just as he might say, "If you touch that hot stove, it will burn your hand," and the child usually recognizes the difference.

THE MEANING OF EDUCATION FOR A YOUNG CHILD

The object in dealing with a child should not be to suppress (push down) but to educate (lead out). In this sense, education is more than mere book learning; it begins long before the child learns to read—in fact, soon after he is born, when he gets his first lessons in what the world is like. His parents and others in the household are his teachers; the home is his school, and as far as possible he should feel free and happy there.

In these early years the importance of educating his body and his emotions should not be overlooked. Educating his body means teaching him to use his muscles and senses in the complicated movements that make up such important daily activities as feeding himself, dressing himself, washing his face and hands, walking, and talking—movements that will soon become routine and automatic, as he gains skill in them. Educating his emotions means teaching him to become independent and self-reliant, to control his temper, not to be afraid of harmless things, to feel friendly toward people, to treat animals kindly, to enjoy music and other beautiful things. It means, also, setting an example so that the child learns from the parents' attitude to be happy and contented rather than sulky and discontented, to be truthful instead of untruthful, energetic instead of lazy, thorough instead of careless.

In order to find out what the world is like, the child must have opportunity to experiment with all sorts of things, to have a thousand questions answered. Parents who provide these opportunities and thus "lead out" a child are giving him the best education.

At the same time it is wise to guard against forcing his development and tiring him too much. It is no kindness to cram into the first years of a child's life every possible experience. For many children the radio, the phonograph, the motor car, the movies are constant sources of stimulation; and the tired, overstimulated, overamused child of to-day will become the nervous, irritable, discontented adult of to-morrow.

To find a perfect balance between understimulation and overstimulation, to encourage mental development without forcing it, to offer opportunity for expansion and for independence just as soon as the child is ready for it, but no sooner—this is the great task that every father and mother must undertake.

A HAPPY HOME WORTH WORKING FOR

A happy home and a happy childhood is certainly an aim worth working for. To make a child happy, the parents must give him affection, security, and freedom. There are few parents who do

not give to their children a full quota of affection, but security and freedom are not so easily given. Security means to the child a sense of safety, of restfulness, a feeling that some firm foundation underlies his life. Security is given only by the home where justice, truthfulness, regularity, order, and serenity are found. Here the grown-ups act reasonably and consistently, and angry voices and quarreling are not heard. Freedom can be given to the child only by parents who want to see him grow and give him every chance to develop his own powers. The child who is carried when he can walk, or fed from a bottle when he should be drinking from a cup, or kept in baby dresses when he should be wearing overalls is not getting freedom. It is right that babyhood should be short. The mother who likes to "keep her child a baby as long as she can" is stunting his growth. He should not be forced into grown-up ways, but he should be given a chance to increase in skill and independence just as fast as he is able.

The Sick Child

THE MOTHER'S RESPONSIBILITY

Every mother has the responsibility of deciding whether her child is sick or well and whether she must call the doctor. She needs to be able to recognize signs of ill health. Overanxiety concerning children's health, however, is to be avoided. It is not wise to let complaints be the means of obtaining unusual attention, or to discuss them before the child, or in any way to exaggerate their importance, but the child who is below par should not be neglected.

Signs of *temporary fatigue*, such as refusal of a single meal, vomiting, fussiness, or irritability should disappear after a good night's sleep.

A *chronically ill child* often goes unnoticed. He is pale and tired looking, often "nervous" or cranky, usually underweight, and has a poor appetite. He may be overactive or again very inactive. Often he is scolded for not eating or called cross and lazy when he should be put to bed because he is ill. This child needs a doctor's supervision quite as much as the child who is taken ill suddenly.

The *acutely ill child* is seldom neglected. When a usually active and happy child becomes drowsy or listless or irritable, wants to lie down, and refuses food, everyone knows he is sick, though it is often hard to know just what is the matter. He may seem feverish, he may vomit, he may feel sick all over, but these are the early common signs of many illnesses.

SIGNS OF ACUTE ILLNESS

The mother who watches her child from day to day is quick to notice the sudden development of any signs of illness, but she should not assume the responsibility of trying to decide what is the matter with her child or how to treat him without the help of her doctor.

Certain signs of illness it is important for the mother to notice:

Fever.—If, because of flushing of his face or hot skin, it is suspected that a child has fever, his temperature should be taken. (See p. 112 for method of taking temperature.)

Drowsiness or irritability.—A child who suddenly becomes drowsy or listless or irritable and restless and wants to lie down is probably sick.

Refusal of food.—Sudden refusal of food may be the first sign of illness, such as sore throat, or it may be a sign of temporary fatigue.

Sneezing, running nose, rapid breathing, and cough suggest infection of the nose, throat, or lungs. They may occur with a simple cold or with the onset of a communicable disease, such as measles, whooping cough, influenza, or pneumonia.

Sore throat may be associated with a cold or with a communicable disease, such as diphtheria or scarlet fever.

Hoarseness is due to inflammation of the larynx and may be the first sign of croup, diphtheria, or any other form of laryngitis.

Vomiting, diarrhea, constipation, or pain in the abdomen usually indicates a disturbance of digestion but may be the first sign of some general infection.

Frequent desire to urinate or very scanty urine or pain on urination suggests infection of kidneys or bladder.

Severe headache, stiffness of the neck or back, twitching, or convulsions point to irritation or infection of the nervous system.

Pain or tenderness, redness, or swelling of any part of the body points to an infection or an injury of this part.

A *discharge* points to an infection or irritation.

Rashes or eruptions on the skin are seen in such diseases as chicken pox and measles, and in many skin diseases.

WHAT TO DO WHEN YOU FIND YOUR CHILD IS SICK

The wise mother, as soon as her child is sick, will put him to bed and call the doctor. If it is possible to reach the doctor by telephone, do so. Give him what accurate information you can, and he will advise concerning the treatment of the child until he comes. The first 24 hours are often the most important in illness. "If he isn't better to-morrow I'll call a doctor" may be safe in one case, but not in the next. Many very serious illnesses have mild beginnings.

WHAT TO DO FOR THE CHILD BEFORE THE DOCTOR COMES

Until the doctor can be reached there are a few things that it is wise to do for almost any sick child.

Put him in bed in a quiet, cool place where he can easily fall asleep.

Keep other children away from him.

Never force a sick child to eat. Offer him water frequently. If he is neither vomiting nor having diarrhea, he may have liquid food such as fruit juice or boiled milk. If he is vomiting or has diarrhea, withhold all food, but give him water. If vomiting is continued, it may be necessary to withhold even water for two or three hours.

If the child's bowels have not moved freely, he may be given an enema. (See p. 113.)

If he has a high fever and is restless, he may be given a cool sponge bath to make him more comfortable.

If he has a convulsion, give him a warm, wet pack. (See p. 112.)

Save a sample of the child's urine and stool for the doctor.

CARING FOR A SICK CHILD

Treat a sick child with gentleness but with firmness. Do not overindulge him just because he is sick. Do not talk about his condition in his presence nor let him know you are worried. If you are to take the place of a trained nurse, you must imitate her low voice, skillful unhurried movements, and calm and restful attitude.

A sick child should be kept in a cool (about 65° F.), quiet, well-ventilated room, which should not be a gathering place for the family or the neighbors. Whether or not contagious disease is suspected, a sick child should be kept away from other children.

Protect others from possible infection. Wash your hands thoroughly after caring for the sick child. Until the doctor is sure that the child has no communicable disease, keep his handkerchiefs, towels, wash cloths, dishes, and toilet utensils separate and sterilize them with boiling water before allowing other members of the family to use them. Especially boil his handkerchiefs.

One sick child is enough. Avoid spreading disease.

The doctor's orders should be carried out carefully and exactly.

The following are general directions for nursing care, which should be observed unless the doctor orders otherwise:

BED CARE

A sick child, even one who has a simple cold, should be kept in bed, as quiet as possible. Fatigue prolongs illness. Bed is the place where it is easiest to keep the child's temperature even. A sick child should not walk to and from the bathroom through chilly halls.

If a child has been properly taught, he will stay in bed, and it will not occur to him to get up unless he is told to. Training in regular health habits (see p. 25) when the child is well makes it much easier to care for him when he is sick.

A sick child should *not* sleep in the bed with any other person. It may be necessary for the mother to sleep in the room with the child, but it is much more restful and wholesome for him to sleep in a bed alone.

The child should have a long nap in the middle of the day. The room should be darkened, the windows opened, and the child should be expected to sleep.

The child should wear ordinary nightclothes while he is sick, with an extra sweater or bathrobe over them when he sits up in bed in a cool room. Do not put such heavy clothes on a sick child that he is uncomfortably warm and restless. A sick child needs plenty of fresh air. If the weather is warm, he may be more comfortable on a screened porch than indoors.

Be sure that the bed is well made, with the lower sheet tightly drawn and the bedcovers suited to the temperature of the room. At night his bed should be remade and he should be bathed and made comfortable.

Do not urge a sick child to play. A few toys may be put within his reach, but an acutely ill child needs rest, not amusement.

A child who has had fever should be kept in bed at least 24 hours after his temperature has become normal (98.6° to 99.5° F.). If he has had fever for more than two or three days, he should remain in bed for three days to a week after his temperature has become normal.

Keep the child's body very clean. A sick child needs a warm sponge bath once or even twice a day. If he has a high fever and is restless, give him a sponge bath with cool water (about 90° F.).

How to give a warm wet pack.

To give a warm wet pack, cover the bed with a large rubber sheet or piece of oilcloth and wrap the child in a small blanket wrung out in warm water (105° to 110° F.). If a bath thermometer is not at hand, test the water with your bare elbow to be certain that it is not hot enough to burn the child. Take plenty of time to test the water carefully, wring the blanket out as dry as possible, wrap it quickly about the child, and then wrap him in another blanket, which is dry. Place an ice cap or cool wet cloth on his head. Allow him to remain in the warm pack 15 to 30 minutes. Then remove him from the pack and cover him in a dry blanket. If his fever is high, do not wrap him too warmly.

Temperature.

Hot, dry skin is usually a sign of fever, but the only sure way of testing for fever is by a thermometer. A rectal thermometer is best for children. It should be shaken until the mercury is well below the normal line (98.6°) and the bulb greased.

Place the child on his side in bed, and put the bulb end of the thermometer into the rectum (the lower part of the bowel). Hold it there for five minutes.

Keep the child quiet and hold his legs firmly so that the thermometer will not be broken. Do not leave the child nor even let go of the thermometer while it is in the rectum. A temperature higher than 100° is abnormal.

Respiration and pulse.

A child's respiration and pulse vary greatly with fever, crying, and activity. Rapid, irregular, or noisy breathing should be reported to the doctor. If necessary, the doctor will show the mother how to count the pulse and respiration.

DRINKING WATER

Give water frequently. A child with a fever should drink, if possible, 2 quarts of water or other fluid daily. Children are glad to drink water when they have fever.

Children with diarrhea should be given water at very frequent intervals, for they need a great deal to make up for that which they are losing.

DIET

When a child is taken sick, it is best to withhold all solid food until the doctor comes. If the child is not vomiting or having diarrhea, he may be given fruit juice or boiled milk. If he is vomiting or has diarrhea stop all food.

If a child is sick several days and it is known that there is no disturbance of digestion, a simple diet is usually permitted, such as milk, cereal, vegetables mashed through a strainer, egg, simple desserts, and fruit juices at regular intervals. Water may be given frequently. If he is not hungry do not be disturbed. Never force food except on definite orders from the doctor.

ELIMINATION

Daily movement of the bowels is as desirable for a sick as for a well child. A small soap-and-water enema, or injection, or a small suppository may be needed to help the child move his bowels. Do not give any medicine unless the doctor orders it.

Ask the doctor whether the child is able to get up to go to the bathroom.

How to give an enema or injection.

For an enema, or injection, use a fountain or bulb syringe. Prepare warm, soapy water, using a mild Castile soap or other white soap. Cover the mattress with a rubber or oilcloth sheet. Let the child lie on his back in bed with a bedpan under his buttocks. Grease the tip of the syringe with petroleum jelly, introduce the tip into the rectum, and allow 1 to 2 cupfuls of water to run into the rectum; the amount used depends on the size of the child. If done slowly, this causes the child little or no discomfort. Do not hang a fountain-syringe bag more than 2 feet higher than the child's body. If the first injection does not bring about a bowel movement, give another.

COMMON DISORDERS OF CHILDHOOD

COLDS

A child who is coughing or sneezing or who has a discharge from the nose should be kept away from other people and put to bed, as these symptoms may be the beginning not only of a cold but of some more serious communicable disease. Give him plenty of water to drink and see that his bowels move daily. Nasal sprays, drops, or irrigations should be used only when ordered by a doctor. Twenty-four hours in bed at the beginning will often shorten the duration of a cold and is an important precautionary measure both in the care of the sick and in the protection of the well.

All colds are infectious. A cold spreads from one person to another by the particles of moisture that are coughed or sneezed from the nose and mouth in talking, also by the common use of handkerchiefs, pencils, eating or drinking utensils, or any other articles that come in contact with the nose and mouth. Teach children to cover the mouth and nose when coughing or sneezing and never to use another's handkerchief.

When a cold involves the air passages to the lungs it is called bronchitis.

ENLARGED OR DISEASED TONSILS AND ADENOIDS

The tonsils are small, soft masses lying on each side of the throat. Adenoids are similar but smaller masses lying in the back of the nasal passage. Tonsils may be so large that they interfere with breathing and may even make swallowing difficult at times. Enlarged adenoids prevent free breathing through the nose and thus bring about mouth breathing.

Chronic infection in the tonsils and adenoids is often the cause of colds, sore throats, earaches, or discharging ears, chronic discharge from the nose, and enlarged glands of the neck. A child who has any of these symptoms may need to have his tonsils and adenoids removed. The doctor, of course, will decide this matter.

SORE THROAT

A young child seldom complains of a sore throat even when his throat is inflamed; but if a child has an inflamed throat he may vomit or refuse food or have fever. The fever that is thought by the mother to be due to teething or "stomach trouble" is often due to an inflamed throat. When a throat is inflamed it is usually red and may be swollen. White spots or patches in the throat are serious and may mean tonsillitis or diphtheria.

Whenever the child has fever, or vomits, or suddenly refuses food put him to bed and send for the doctor. Give him the general care described on pages 111–113.

SWOLLEN GLANDS

Any swollen glands should be reported at once to a physician. They are usually due to near-by infection or to some general disease and they should not be neglected.

EAR DISORDERS

An earache or a running ear usually develops during a cold or some other illness. Never try to treat a painful or discharging ear without a doctor's advice. Warm, wet compresses or a well-wrapped hot-water bag may relieve the pain.

Deafness, mastoiditis (inflammation of the mastoid bone), or even meningitis (see p. 125) may result from neglected ear infections.

CROUP

There are two kinds of croup, the simple spasmodic type and the severe type which is really laryngitis. Both kinds of croup must be taken very seriously, for it is often impossible at the beginning to distinguish one form from another. Simple spasmodic croup is not dangerous, but the other type is very dangerous and requires a doctor's immediate care. Whenever a child's cry or voice becomes hoarse or weak and husky a doctor should be called at once so that he may treat him and give diphtheria antitoxin if he thinks that the laryngitis may be due to diphtheria.

Simple spasmodic croup.

An attack of simple spasmodic croup usually comes on suddenly between bedtime and midnight, when a child who went to bed apparently well wakes

up with harsh, noisy breathing or a dry, barking cough and some difficulty in breathing. The cry and voice are usually strong but hoarse. The child may be frightened, and his fright increases the symptoms. The symptoms of croup frequently recur for two or three nights, and a child who has one attack of croup is likely to have others.

Before the doctor comes, an attempt may be made to relieve the spasm by making the child vomit, keeping him in a warm room filled with steam, such as a bathroom or other small room, or by putting warm applications on the chest. The doctor will advise with regard to treatment.

The day after the attack the child should be kept quiet in a warm room at even temperature, if necessary in bed. For two or three days after an attack the child should not breathe very cold air; even the air in his sleeping room should be kept warm and moist.

Laryngitis.

If a child who has had an attack of croup in the night is still hoarse the next morning, he probably has laryngitis. This is a serious condition sometimes due to diphtheria and sometimes to other infections. It often follows or accompanies a sore throat. A child with this serious form of croup usually has hoarseness, loss of voice, and noisy, labored breathing, and seems increasingly sick. He often becomes worse during the night. Exhaustion and weakness are signs of great seriousness. The child should be seen by a doctor at once, since every hour's delay in treatment may involve a risk to his life.

EYE DISORDERS

Red or inflamed eyes with watery discharge may be due to irritation, to a cinder or dust, or to hay fever. (See p. 117.)

It is a safe temporary measure for the mother to apply either warm or cold wet compresses in order to relieve swelling and discomfort.

Any speck of dirt which is not washed out soon by the watering of the eye should be removed by a doctor. Any injury of the delicate membranes of the eye is a serious matter.

Discharge of pus from the eyes is a sign of infection, which may be very contagious. Eye infections, if neglected, may lead to permanent injury and blindness. Painful or discharging eyes should be treated by a doctor.

If the child has a squint or is cross-eyed or wall-eyed, a doctor should be consulted with regard to exercise for the eye muscles or other treatment.

Eye strain may show itself by redness of the eyelids, by blinking, or by general irritability. Even very young children occasionally need to be fitted with glasses. Poor sight is often unnoticed by parents, and some children who are thought to be dull or clumsy are half blind.

RICKETS

Rickets is a very common nutritional disease, caused by lack of vitamin D (see p. 53) and of sunlight. It occurs during the period of most rapid growth in infancy and early childhood. It affects the whole body, but most strikingly the bones, which may become greatly deformed, and the muscles, which become weak and flabby. Rickets usually starts early in the first months of life, but may not be recognized until later, when the weakness of the muscles and the deformities of the bones become more pronounced. Among children who do not receive enough sunlight or who have not had cod-liver oil during the first and second years, rickets may continue as an active disease into the second year of life and occasionally into the third and fourth years. After rickets heals, the

deformities of the bones may persist for many months or years or even throughout life if they have been very marked. Slight deformities usually disappear as the child grows up.

The child with rickets may be restless, irritable, and pale. He may be of normal weight; or, if he has had the disease for some time, he may be poorly nourished and his growth stunted. Convulsions may occur on account of an associated condition called tetany. A child with severe rickets may be slow in learning to walk, his teeth may be delayed, and his permanent teeth may be injured by the disease. (For prevention of rickets, see p. 23.)

SCURVY

Scurvy is a disease caused by a lack of vitamin C (see p. 53) in the food and is cured by the use of certain raw fruits and vegetables (see pp. 57 and 58) which contain this vitamin. Children with scurvy do not gain weight satisfactorily; they become irritable and object to being handled; they may be pale and have pain and tenderness in the legs and arms and bleed from the gums or the skin. The condition is found chiefly in children who for long periods have not received foods that contain vitamin C. It is more common in infants than in older chilren, for older children are more likely to be on a general diet containing raw fruits and vegetables; but it may occur at any age if the diet is lacking in vitamin C. (For prevention of scurvy, see p. 23.)

ANEMIA

Anemia is a condition in which a test by a doctor shows that the child's blood has less red coloring matter than it has under normal conditions. It is more often a sign of some other disease than a disease in itself. A child with anemia is pale, tires easily, and is poorly nourished. Children who eat a poorly planned diet, especially one lacking in green vegetables, egg yolk, fruit, and meat, or who are suffering from some chronic disease are likely to be anemic. An anemic child needs to be carefully examined by a doctor to find the underlying cause of his ill health (for prevention of anemia, see p. 23.)

GOITER

In certain districts many children have goiter, an enlargement of the thyroid gland in the neck. This may be caused by a shortage of iodine in the drinking water and food. A physician should be consulted regarding treatment. (For prevention of goiter, see p. 23.)

CONSTIPATION

Constipation is usually a result of inadequate bowel training. (See Bowel training, p. 34.)

When a child whose bowels are usually regular goes for a day with no movement or with a very small movement, nothing need be done unless he seems sick. Probably he will have a large movement the next day. If he goes 48 hours without a movement, he should be given an enema (see p. 113) or a dose of mineral oil (not castor oil) or milk of magnesia. If he has a cold or any other infection, an enema is best.

If a child is chronically constipated—that is, if he has small, hard movements or often goes for 48 hours without a movement—consider his diet and see that he receives foods that will help him to form better habits. A constipated child should usually take—

Not more than 1½ pints of milk (either pasteurized or boiled) a day.
At least 3 glasses of water a day.
At least 2 green vegetables a day.

Raw fruit at least once a day.
Cooked fruit such as prunes, apples, apricots, and rhubarb once a day.
Only whole-grain bread and cereals.

If a child has pain in the abdomen, nausea, vomiting, or blood from the bowel and also constipation, it may be a very serious matter. A small enema may be given but never a medicine, not even mineral oil. If relief is not prompt, the doctor should be called at once.

DIARRHEA

Diarrhea, or frequent loose movements of the bowels, may be a symptom of intestinal infection, of some general infection, or of irritation caused by spoiled or indigestible food. Diarrhea due to intestinal infection (dysentery) is usually accompanied by fever; and blood, mucus, or pus is often found in the stools. Rest in bed with plenty of drinking water but no food for 12 to 24 hours is the safest treatment until the doctor is reached. When a child has diarrhea it is not wise to give any medicine, not even mineral oil, without a doctor's orders. Severe diarrhea may result in a condition called acidosis.

VOMITING

Vomiting may be caused by indigestion, by fatigue, or by overexcitement; it may be the sign of some general bodily disturbance or infection; it may be due to some inflammation or stoppage of the digestive tract, or, rarely, to eating some food to which the child is sensitive. It may be the first sign of a communicable disease. If a child vomits, he should be put to bed. If he seems sick or feverish or the vomiting continues, the doctor should be sent for.

A child who vomits more than once should be kept quiet, given an enema, and given water to drink, but no food nor medicine. If vomiting perists after this treatment, even water may have to be withheld for several hours and then started in very small amounts. The loss of body fluids from persistent vomiting, especially when accompanied by diarrhea, may rapidly reduce a child to a critical condition that is due to the development of acidosis. Extreme restlessness or drowsiness in a vomiting child is a sign of this condition. There should be no delay in seeking medical advice in any case of repeated vomiting.

A child who has eaten heavily when he was tired, or when he was crying, angry, frightened, or overexcited may be unable to digest his food, and vomiting is the body's way of getting rid of this undigested material. Such vomiting is not serious, for once the stomach is empty the trouble is usually over.

Occasionally vomiting becomes a habit. This may be the result of such a condition as whooping cough, or it may start with no obvious cause. Such habitual vomiting is usually a behavior problem and is often difficult to handle. (See p. 49.)

ASTHMA, HAY FEVER, AND HIVES

Certain children develop asthma or hay fever or hives when they breathe in substances such as pollen, eat certain foods, or are inoculated with a serum to which they are sensitive. Hay fever is usually due to pollen; asthma to either pollen or food; hives to food. Asthma is a condition in which the child's breathing is spasmodic and wheezing. Hay fever is characterized by the sudden onset of sneezing, running eyes, and swelling of the membranes of the nose. Hives is an itching, raised skin eruption.

Children who have received serums as a treatment or preventive of disease may become sensitive to substances in them so that if they are given the

same kind of serum again they develop symptoms of asthma, hay fever, or hives. If it is necessary for your child to receive a serum, do not forget to tell the doctor about any injection that he has received previously.

WORMS

The common worms seen in childhood are roundworms, which are as large as the ordinary earthworm and easy to recognize, and pinworms, which are white, threadlike, and less than one-half inch long. They may be seen to move in a freshly passed stool. Worm medicines must never be given without a doctor's advice. If they are powerful enough to kill worms, they may easily harm a child unless given in just the right dose and under the proper conditions.

Many mothers have the mistaken idea that any child who is nervous, picks at his nose, or grinds his teeth at night has worms. Worms are rarely the cause of such symptoms.

In regions of the country where hookworms are common, frequent examinations of the child's stool should be made for worms and treatment given at once by a physician if they are found. (See p. 22 for prevention of hookworm and pp. 124–127 for communicable diseases.)

MALNUTRITION

Malnutrition is a symptom of chronic ill health. It may be due to chronic infection, poorly planned or inadequate diet, poor eating habits, poor sleeping habits, poor balance between rest and exercise, insufficient sunshine and outdoor life, or a combination of these things.

A malnourished child is usually pale, thin, and easily fatigued; and his posture is usually poor. He may be flabby and listless or overactive.

The care of such a child should be under the constant direction of a physician, who will advise about treatment after investigating the causes of his ill health and work out the needed changes in his habits of living.

Special attention should be paid to his diet. Make sure that he is getting adequate amounts of milk, fruits, green vegetables, eggs, meat, cereals, and bread. (See p. 51.) If he does not eat three good meals a day or refuses certain foods, he should not be forced or coaxed to eat but should be taught good food habits. He must have plenty of sleep and rest. He should go to bed regularly at 6 o'clock if he is less than 5 years old and not later than 7 o'clock if he is 5 or 6 years old. He must have a rest period—if possible a nap—in the middle of every day and, if he is very active, possibly two rest periods, a long one of an hour or two and a short one. He must play outdoors in the sun for several hours every day. His exercise should not be too active. He should be weighed once a week until he has begun to gain well, then at least once a month. (See pp. 16–17.)

OVERWEIGHT

A child who is much overweight, especially one who is flabby, listless, and inactive, needs a doctor's care quite as much as the thin, overactive child.

NERVOUSNESS

The child who is spoken of as "nervous" is usually the child who is irritable, cries easily, and although chronically tired and underweight, is overactive.

Poor health habits and unwise management are usually the underlying causes of his nervousness, although some physical condition may play a part. The whole plan of his daily life should be carefully considered with the advice of a doctor and so changed as to give him more rest, an earlier bed hour, a longer nap, more time out of doors, or more time in play—in some cases alone,

in some cases with other children of his own age. He should be treated with patience, gentleness, and absolute consistency. Regularity should be the keynote of his daily life.

RETARDED DEVELOPMENT AND MENTAL DEFICIENCY

A child who does not learn to walk, to talk, to feed himself, or to take care of himself at about the usual age (see pp. 2–5) should be taken to a doctor for examination. Such retardation of development may be due to deafness, poor vision, blindness, chronic infection, or defective action of certain glands of the body (in which cases it may often be greatly benefited by treatment); or it may be due to defect in the development of the brain.

The child can often be greatly benefited by special training and education, and parents need help to know how best to guide him to his fullest development. However hard it may be to face the fact that their child is retarded, facing the truth is the parents' first step in helping the child. Then they will not expect him to learn quickly, but little by little they will teach him patiently and persistently what he is able to learn. If, when he reaches school age, he is unable to do ordinary school work, he should have the benefit of the special teaching that is provided for such children in many communities. Institutional care is often advisable and may be best not only for the child but also for the family.

TWITCHING AND OTHER HABIT SPASMS

Twitching of the face, blinking of the eyes, making faces, and other curious repeated movements are called habit spasms or ties. They may be signs of general fatigue or, occasionally, of some physical irritation, but more frequently they indicate the inability of the child to adjust himself to some emotional or nervous strain which neither child nor parent is aware of. Stuttering and stammering are habit spasms, occasionally due to imitation but usually to some nervous strain. When a child shows symptoms of this type, do not punish him nor threaten him but take him to a doctor. If the underlying cause is to be found, it is important to discuss with the doctor the problems of the family life as well as the child's routine.

CONVULSIONS

Convulsions, or spasms, are seen in many different conditions in childhood. Young children frequently have convulsions at the beginning of an acute illness, much as an older person may have a chill. Other causes are inflammation of the brain (encephalitis) or of the brain covering (meningitis), epilepsy, and certain types of poisoning. During the second year of life as well as in infancy convulsions may occur with tetany, a condition associated with rickets.

During a convulsion a child usually loses consciousness, rolls his eyes up or to one side, stiffens out, and twitches violently with arms and legs, and sometimes with face and head. Often he holds his breath and turns blue. It is well to remember that a child rarely dies in a convulsion.

A convulsion often has to be treated before a doctor can be reached.

When a child has a convulsion, protect him from injury, prevent him from biting his tongue by holding a spoon between his teeth, wrap him in warm blankets, and put a cold wet cloth on his head. If the convulsion has not stopped in a few minutes, give him a warm, wet pack. (See p. 112.)

Since a convulsion is always a symptom of some abnormal condition, a doctor's advice should be sought to discover and treat the underlying illness even if relief is obtained by home remedies.

CHOREA (ST. VITUS'S DANCE)

Clumsiness or awkwardness in a child over 4 years, with involuntary movements of the arms or legs, may seem to be mere nervousness. Do not make light of this, nor punish the child for it, as it may be early evidence of chorea, or St. Vitus's dance. Chorea is one of the manifestations of rheumatic fever (see below) and a child who has it should be under a doctor's care.

GROWING PAINS

The so-called "growing pains" that children complain of should not be taken too lightly. They may be due merely to some unusual use of muscles, as when the child uses roller skates or a new tricycle until some group of muscles is overtired; or they may be due to improper shoes, flatfeet, or knock-knees. They may be an early sign of hip-joint disease; or they may be a very mild form of acute rheumatic fever that should not be overlooked, because of the possible later complication of heart disease. In any case, do not neglect recurring muscle pains. A doctor should be consulted, who will determine the cause and advise about treatment.

SORENESS OR SWELLING OF THE JOINTS

Soreness or swelling of the joints may be a sign of acute rheumatic fever, or it may be caused by injury or by tuberculosis, syphilis, or other infections. A child who has a painful joint, or walks stiffly or with a limp should be put to bed and seen by a doctor.

RHEUMATIC FEVER

Rheumatic fever is a serious disease of childhood. Mild cases referred to in the section on Growing pains often occur. In spite of its apparent mildness such a case may be followed by heart trouble.

The most easily recognized form of this disease is that in which the child is taken acutely ill and is feverish, and one joint after another becomes painful and tender, sometimes red and swollen. The heart muscle and heart valves are very often inflamed at the same time, though the child may have no pain over the heart. Permanent damage to the heart may result. Keeping the child at rest for many weeks gives the heart the best chance of recovery. In many cases rest in bed for a long time is necessary.

A child who has pains in joints or muscles or who has acute rheumatic fever may have a sore throat frequently, and may have attacks of chorea, or St. Vitus's dance. (See above.) Acute rheumatic fever, rheumatic heart disease, chorea, and tonsillitis occur so commonly in the same child and are so closely related to one another that they are thought of as different forms of the same disease. Any one of them requires immediate bed care and the advice of a doctor.

TUBERCULOSIS

Tuberculosis in early childhood may affect almost any part of the body. It may affect the lungs, but it most commonly affects the glands—not only those of the neck, but also those inside the chest and the abdomen—and the joints and bones. Tuberculosis may also involve the lining of the chest (pleurisy), the covering of the brain (meningitis), the lining of the abdomen (peritonitis), the membranes of the eye (conjunctivitis), and the skin.

This disease is acquired most often by contact with some one who has it, by drinking raw milk from tuberculous cows, or by eating milk products made from such raw milk. (See Milk, p. 54.) Children should not live in the same household with anyone who has tuberculosis. A child who has

come in contact with such a person should be carefully watched by a doctor for evidences of the disease, even if the child does not seem ill.

Tuberculosis should be suspected in a child who persistently fails to gain or who has a mild, unexplained fever, a chronic cough, swollen glands, unexplained attacks of abdominal pain, pain or stiffness in a joint, or a limp. As soon as any of these symptoms are noticed, parents should consult a doctor and should follow his advice most conscientiously.

Where the disease is suspected, a skin test may be given by the doctor that will aid him in making an early diagnosis. Even young children have a good chance of recovery when the diagnosis is made early if prolonged care is given with long-continued rest in bed, adequate diet, and much sunshine and outdoor air.

KIDNEY DISEASE

Kidney disease may be of two types. One type, known as acute nephritis or acute Bright's disease, is an inflammation that may follow what seems to be a simple infection of the nose or throat, or it may attack a child who was previously well, or it may be a complication of scarlet fever. The urine may be scanty and dark colored and it may contain blood. The child may not seem very sick, but the condition is a serious one and a doctor should be called. The other type, known as pyelitis, is an infection of the kidneys in which pus is present in the urine. The symptoms of this condition are often vague. The child may have fever and seem sick but complain of no pain, or he may desire to urinate frequently; or he may have pain on urination. A doctor should be called.

Since neither of these diseases can be diagnosed without examination of the child's urine,[1] the mother should always take a sample to the doctor whenever the child is sick.

VAGINITIS

Vaginal discharge may occur in little girls. It may follow an acute infection or be due to lack of cleanliness. It, however, may be due to a gonococcus infection which is contagious and is a serious condition. Any child with a vaginal discharge should be examined by a doctor. Microscopic examination should be made of the discharge to determine whether it is a gonococcus infection. Unless promptly and thoroughly treated, this condition may become chronic.

The mother or nurse caring for a child with gonococcus infection should scrub her hands thoroughly with hot water and soap every time she has handled the child. Every article of soiled clothing and bedding used by the child should be boiled half an hour. The entire bath equipment should be strictly separated from that used by any other person.

DIABETES MELLITUS

Children, as well as adults, may suffer from diabetes mellitus. In this disease the body is unable to use the sugars and starches of the diet and sugar is excreted in the urine. Formerly it was almost always fatal in childhood. Now, with the use of insulin and diets very carefully prescribed by a doctor, the disease may be so controlled that a child can continue to grow and live a normal and happy life.

If a child begins to drink unusually large amounts of water, urinates frequently in very large amounts, or has a very hearty appetite and yet loses

[1] A white sediment is frequently seen in normal urine. This is sometimes mistaken for pus by the mother. Similarly a red sediment is sometimes mistaken for blood. Examination by a doctor under a microscope is the only way to identify blood or pus with certainty.

weight, take him to the doctor at once, as these may be the early symptoms of diabetes. Carry a specimen of urine with you for examination.

SKIN DISEASES

The common skin eruptions of early childhood are:

Impetigo contagiosa.—A very infectious skin disease appearing as crusted sores, most often on the face and hands, spreading from one part of the skin to another and from one child to another.

Scabies or itch.—An infectious itching skin eruption occurring on the body and hands and feet, which spreads by contact of one person with another.

Ringworm.—An infectious skin eruption, which appears as a red patch, healing in the center and spreading at the edges. It may itch.

Boils and pimples.—Small abscesses in the skin. These may be spread by scratching or rubbing, so that often several may appear in succession. Any inflamed place on the skin should be kept clean and should never be picked or squeezed.

Eczema.—Noninfectious itching eruption which occurs on the face or the body.

Any one of these conditions should be cared for under the direction of a doctor.

Clothing, bedding, towels, and other things that have been used by anyone who has an infectious skin eruption should be boiled or thoroughly sunned before being used again, as reinfections often occur through such articles.

LICE (PEDICULOSIS)

Head lice are sometimes found on a child's scalp and hair. The bites of these insects may cause itching. Sores may result, and the glands at the back of the neck may become swollen.

To cure this condition not only must all the insects be destroyed but the eggs or nits must be removed from the hair. No other method of dealing with this conditidon is so satisfactory as shaving the head. If, however, this is not desired, rub the head well with spirits of larkspur and let it remain on the hair for several hours. Then after combing the head carefully with a fine-tooth comb wash with soap and water. This treatment should be repeated daily until the head is free from lice.

To remove nits kerosene may be used but should be applied very cautiously and should never be allowed to get into the eyes. The hair may be combed with a fine-tooth comb, wet with kerosene, or three to four tablespoonfuls of kerosene may be used in the basin of wash water, but should be thoroughly rinsed out. Any hat that has been worn by a child with lice should be sterilized by baking or cleaned with gasoline.

ACCIDENTS [2]

CUTS AND ABRASIONS

A break in the skin should be cleaned thoroughly with boiled water, mild soap, and a piece of freshly boiled cotton or linen cloth.[3] The injured place may be painted with fresh tincture of iodine and washed off with alcohol and a sterile bandage applied. Never seal a scrape or a cut with collodion nor with adhesive plaster.

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[2] See also Prevention of accidents, p. 24, and What To Do in Case of Accidents, U. S. Public Health Service Miscellaneous Publication No. 21, Washington, 1928.

[3] Ironing the cloth while wet with a hot iron will take the place of boiling.

A severe cut that enters the deeper tissues or a bone or one of the larger blood vessels should always be treated by a doctor.

Moderate bleeding can usually be stopped by pressure directly over the injury. If bleeding is profuse, apply pressure by means of the fingers or a tight bandage (tourniquet) above the injury, thus compressing the large blood vessels. Pressure must never be applied so tightly or so continuously that the child's hand or foot will turn blue or become cold and numb.

Deep wounds with small openings, such as those made by nails or splinters of wood, are specially dangerous because of dirt or germs that are carried deep into the tissues and can not be washed out. This is also true of wounds from firecrackers or cap pistols. Many cases of tetanus (lockjaw) are the results of such injuries. They should always be treated by a doctor, who will give antitoxin if necessary.

BRUISES, SPRAINS, AND BROKEN BONES

Bruises.

A bruise is usually best treated by the application of cold wet cloths. No dressing is necessary.

Broken bones and sprains.

A broken bone or a sprain should be cared for by a doctor. Temporarily a broken limb may be supported by means of any homemade splint, or a pillow, bound on in such a way as to keep it from moving. Never put on a bandage tightly. In case of a sprain, cold applications may be comforting in some cases for temporary relief of pain, hot applications in others.

NOSEBLEED

A nosebleed can usually be stopped by cold applications to the nose and pressure against the bone on the upper lip just at the outer side of each nostril. A child who has had a severe nosebleed should keep quiet, so that the bleeding may not start again.

BURNS

Mild burns.

Mild burns are best treated by applying a simple oil or ointment or a solution of baking soda on a clean smooth cloth, preferably linen.

Severe burns.

A child who has been extensively or deeply burned should always be treated in a hospital if possible, since such burns are frequently fatal and need the most expert care available. If there is any delay in getting a doctor or in getting the child to a hospital, remember that it is of the greatest importance to keep him warm and to give him large amounts of water to drink. The burn should be kept uncovered if possible, but if it is necessary to cover it, a clean smooth dressing of old linen or cotton cloth kept very wet with freshly prepared tea, very strong, which has been cooled to body temperature, gives great relief. Dressings wet with baking-soda solution may also be used. Do not use absorbent cotton, as it sticks to the wound.

CHOKING SPELLS

A child usually chokes because something has gotten from the mouth accidentally into the larynx (voice box) or trachea (windpipe). If he is held head downward and slapped on the back, the foreign body will usually fall out. If relief is not prompt, a doctor's help should be sought at once.

COMMUNICABLE DISEASES

Disease	How spread	How long from exposure to onset	Common early symptoms	Special methods for treatment or prevention or modification	How long communicable	How serious	Complications
Chicken pox	Material from skin eruptions or from lesions in mouth or nose of infected person.	2 to 3 weeks	Skin eruption with fever.		Until skin and mucous membranes are free from scabs.	Not serious. Easily confused with smallpox.	Very rare.
Diphtheria	Discharges from nose, throat, conjunctiva, vagina, or wound surfaces of infected person or of carrier. Infected milk.	2 to 5 days; occasionally longer.	Sore throat, croup, hoarseness, or fever.	Prevention with toxin-antitoxin or toxoid. Treatment with antitoxin	Until organisms disappear from secretions or lesions of patient (or from nose and throat of carrier).	Very serious if not treated early.	Common, if treatment is delayed: Heart trouble. Paralysis. Respiratory obstruction.
Dysentery, amoebic	Stools of infected person. Milk or water or food contaminated by discharges from infected person or carrier. Flies.	Not known	Blood in stools		Until organisms no longer found in stools by microscopic examination	Serious	Abscess of liver.
Dysentery, bacillary.	Stools of infected person. Milk or water or food contaminated by discharges from infected person or carrier. Flies.	2 to 7 days	Fever, diarrhea, blood in stools.	Treatment with polyvalent serum recommended by some authorities.	During disease and until stools are negative for organisms.	Sometimes very serious.	Rare.
Encephalitis, epidemic.	Probably discharges from nose and throat of infected person or of carrier.	Uncertain. Believed to be about 10 days.	Fever, drowsiness, paralysis of eye muscles (double vision).		Probably during fever stage of the disease.	Very serious	Common: Tremors. Paralysis of various parts of body. Mental disturbances.
German measles	Discharges from mouth and possibly nose of infected person.	14 to 21 days	Rash, slight swelling of glands at back of neck.		8 days from onset	Not serious	Very rare.

Gonococcus infection.[1]	Discharges from lesions of infected person.	1 to 8 days; usually 3 to 5 days.	Discharge from eyes or vagina.	Certain medicines	As long as discharge persists.	Very serious	Not common.
Hookworm	Ground contaminated with stools from infected person. Infected water.	7 to 10 weeks	Lassitude, malnutrition.	Treatment with carbon tetrachloride and oil of chenopodium.	Until stools from infected person no longer contain worms or their ova (eggs).	Serious	Common: Anemia.
Infantile paralysis (poliomyelitis).	Discharges from nose, throat, and bowels of infected person or of carrier. Infected milk (probably).	Uncertain. Believed to be 3 to 10 days; commonly 6 days.	Fever, fretfulness, vomiting; pain or stiffness of neck or extremities; weakness.	Treatment in early cases with serum from persons recovered from the disease recommended by some authorities.	About 3 weeks after onset of disease.	Very serious	Common: Paralysis of various parts of body.
Influenza	Discharges from mouth and nose of infected person.	1 to 3 days	Fever, headache, prostration, cough.		Unknown. Probably while fever lasts or at least 7 days from onset.	Serious	Common: Ear infections. Pneumonia.
Malaria	Bite of Anopheles mosquito that has bitten an infected person.	Varies with type of infecting organism and amount of infection; 14 days in common variety.	High fever, chills, headache, vomiting. Sometimes convulsions.	Treatment with quinine, which is also sometimes used for prevention.	As long as malaria organisms exist in blood.	Serious	Common: Anemia (if treatment is inadequate).
Measles	Discharges from mouth and nose of infected person.	8 to 15 days	Fever, cough, watery eyes, running nose, rash.	Prevention or modification with serum or whole blood from anyone who is recovering from disease or who has had it at any time.	Until abnormal secretions (catarrhal symptoms) cease. Minimum period 9 days from onset (4 days before to 5 days after appearance of rash).	Serious, especially in children under 3 years.	Common: Ear infections. Pneumonia.
Meningitis (meningococcus), epidemic.	Discharges from nose and throat of infected person or of carrier.	2 to 10 days; commonly 7	Headache, fever, vomiting, pain or stiffness on bending neck or back forward.	Treatment with serum	Variable. While symptoms last and until organisms disappear from mouth or nasal secretions.	Very serious	Common, if treatment is delayed: Deafness. Eye disorders.

[1] See p. 121 for further discussion of gonococcus infection.

COMMUNICABLE DISEASES—Continued

Disease	How spread	How long from exposure to onset	Common early symptoms	Special methods for treatment or prevention or modification	How long communicable	How serious	Complications
Mumps	Discharges from mouth and possibly nose of infected person.	12 to 26 days; usually 18 days.	Swelling under jaw or in front of ear.		Until parotid gland is normal in size (until swelling has entirely disappeared).	Not serious in young children.	Rather rare in young children.
Pneumonia, broncho (secondary to some other disease).	Discharges from mouth and possibly nose of infected person or of carrier.	Indefinite	Fever, rapid breathing, cough, vomiting.		Unknown. Presumably until mouth and nose discharges no longer contain the specific germs in abundance or in a virulent form.	Serious	Occasional: Pleurisy. Ear infections.
Pneumonia, lobar.	Discharges from mouth and nose of infected person or of carrier.	Short; usually 2 to 3 days.	Chilliness (in older children), fever, cough, rapid breathing, vomiting.	Treatment in selected cases with serum.	Unknown. Presumably until mouth and nose discharges no longer contain the specific germs in abundance or in a virulent form.	Serious	Occasional: Pleurisy. Ear infections.
Scarlet fever	Discharges from nose, throat, ears, abscesses, wounds of infected person or of carrier. Infected milk.	2 to 7 days; usually 3 to 4 days.	Vomiting, fever, sore throat, and rash.	Treatment with serum in selected cases. Toxin recommended for immunization by some authorities.	At least 3 weeks from onset and thereafter until child is free from any abnormal discharge or open sores.	May be serious	Common: Swollen glands. Ear infections. Nephritis.
Septic sore throat	Milk from cow with infected udder or milk that has been contaminated by infected person.	1 to 3 days	Sore throat, fever, prostration.		Probably during disease and during carrier stage.	Serious	Occasional: Varied septic complications.
Smallpox	Material from skin and mucous-membrane lesions of infected person.	8 to 16 days; occasionally as long as 21 days.	Fever, headache, backache, skin eruption.	Prevention by vaccination.	From first symptoms to disappearance of all scabs.	May be very serious	Bronchitis. Pneumonia. Ear infections.

Syphilis, congenital[2]	Acquired before birth.	----------	Snuffles, skin eruptions; occurring usually in infancy.	Certain medicines for both prevention and cure.	As long as open lesion exists on skin or mucous membranes.	Serious.	Not common if treated early.
Tetanus (lockjaw)	Animal manure, soil, or street dirt in wound.	4 days to 3 weeks; commonly 8 to 10 days.	Rigidity of jaws, stiffness, convulsive movements of body.	Prevention and treatment by tetanus antitoxin.	Very occasionally communicable from wound discharges.	Serious.	Uncommon.
Tuberculosis, pulmonary.[3]	Discharges from throat or lungs (spray or sputum) of infected persons.	Variable.	Fever, cough, fatigue, failure to gain weight, or loss of weight.	----------	Until lesions are healed.	Very serious.	Other forms of tuberculosis.
Tuberculosis, other forms.[3]	Discharges from mouth, nose, bowels, bones or glands, or genito-urinary tract of infected person. Milk from infected cattle.	Variable.	Very varied, depending on site of lesion.	----------	Until lesions are healed.	Serious.	Other forms of tuberculosis.
Typhoid fever	Stool or urine of infected person or carrier. Contaminated milk, water, shellfish, flies.	7 to 23 days; usually 10 to 14 days.	Fever, headache, listlessness.	Prevention with vaccine.	During disease and until stools and urine are negative for organism twice in succession.	Serious.	Occasional in young children.
Undulant (Malta) fever.	Contact with infected animals or animal products, particularly milk.	6 to 16 days.	Periodic character of fever, gradual increase in fever, pains in back and limbs, headache.	----------	From onset of disease until organism is no longer found in urine; usually about 90 days but may be longer.	Not dangerous, but course is long.	Occasional: Nosebleed. Genito-urinary complications. Pneumonia.
Whooping cough	Discharges from laryngeal and bronchial mucous membranes of infected person.	Commonly 7 days; usually within 10 days.	Cold, cough. Typical whoop begins about 10 to 14 days after onset of disease.	Inoculation for prevention or modification recommended by some authorities. Not effective in all cases.	About 4 to 5 weeks from onset. Most communicable in early catarrhal stage—7 to 14 days.	In infants and young children serious.	Common: Pneumonia and nutritional disturbances.

[2] See p. 22 for further discussion of congenital syphilis.

[3] See p. 120 for further discussion of tuberculosis.

Selected Books of Interest to Parents[1]

CHILD CARE

American Red Cross Abridged Textbook on First Air (third general edition). P. Blakiston's Son & Co., Philadelphia, 1925. 29 pp. 60 cents.

Baby's Daily Time Cards. U. S. Children's Bureau Chart No. 14. 1930.

Feeding the Family, by Mary Swartz Rose. Macmillan Co., New York, 1929. 476 pp. $5.

Food for Young Children. Farmers' Bulletin No. 717. U. S. Department of Agriculture, Washington, 1920. 21 pp. (New edition in preparation.)

The Health of the Runabout Child, by William Palmer Lucas, M. D. Macmillan Co., New York, 1923. 229 pp. $1.75.

How to Build Sound Teeth. American Dental Association, Bureau of Dental Health Education, 58 East Washington Street, Chicago. 10 cents.

Milk, the Indispensable Food for Children (revised), by Dorothy Reed Mendenhall, M. D. U. S. Children's Bureau Publication No. 165. Washington, 1926.

Out of Babyhood into Childhood. U. S. Children's Bureau Folder No. 10. 1929.

The Runabouts in the House of Health. American Child Health Association, New York, 1926. 32 pp. 10 cents.

Sunlight for Babies. U. S. Children's Bureau Folder No. 5. 1931.

What To Do in Case of Accident. U. S. Public Health Service Miscellaneous Publication No. 21. Washington, 1928. 68 pp. 15 cents.

Why Drink Milk? U. S. Children's Bureau Folder No. 3. 1929.

Why Sleep? U. S. Children's Bureau Folder No. 11. 1929.

The Young Child's Health, by H. L. K. Shaw, M. D. National Health Series, National Health Council, 370 Seventh Avenue, New York, 1924. 56 pp. 30 cents.

Your Child's Teeth. U. S. Children's Bureau Folder No. 12. 1929.

CHILD TRAINING

Are You Training Your Child To Be Happy? U. S. Children's Bureau Publication No. 202. Washington, 1930. 57 pp.

Backyard Playgrounds. U. S. Children's Bureau Folder No. 2. 1923.

Best Toys and Their Selection, by Minnetta Sammis Leonard. Best Toys Advisory Service, 2230 Van Hise Avenue, Madison, Wis., 1925. 24 pp. 40 cents.

Child Management, by D. A. Thom, M. D. (Revised September, 1927.) U. S. Children's Bureau Publication No. 143. Washington, 1928. 47 pp.

The Child's First Books, by E. H. Naumburg. Child Study Association of America, New York, 1925. 51 pp. 35 cents.

Cultivating the Child's Appetite, by Charles A. Aldrich, M. D. Macmillan Co., New York, 1927. 127 pp. $1.75.

Everyday Problems of the Everyday Child, by Douglas A. Thom, M. D. D. Appleton & Co., New York, 1927. 349 pp. $2.50.

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[1] Single copies of Children's Bureau publications may be obtained free by writing to the bureau at Washington, D. C.

Growing up, by Karl de Schweinitz. Macmillan Co., New York, 1928. 111 pp. $1.75.

Guidance Material for Study Groups. No. 1: How Children Build Habits, by Lois Hayden Meek. American Association of University Women, Washington, 1929. 92 pp. 35 cents.

Music and the Child. Child Study Association of America New York, 1930. 87 pp. 50 cents.

Parents and Sex Education, by Benjamin C. Gruenberg. American Social Hygiene Association, New York, 1925. 100 pp. $1.

Parents and the Preschool Child, by William E. Blatz and Helen McM. Bott. William Morrow & Co., New York, 1929. 40 pp. $3.

Permanent Play Materials for Young Children, by Charlotte G. Garrison. Charles Scribner's Sons, New York, 1926. 122 pp. $1.25.

Play and Play Materials for the Preschool Child, by Harriet Mitchell. Canadian Council on Child Welfare Publication No. 45. Ottawa, 1929. 60 pp. 25 cents.

Studies in Child Training. Child Study Association of America, 54 West Seventy-fourth Street, New York. A series of pamphlets (10 cents each) with the following titles:

Answering Children's Questions: Sex Education.
Curiosity.
Habit.
Health Training of the Preschool Child.
Obedience.
Rewards and Punishments.
Toys and Play.
Use of Money.

Wholesome Childhood, by Ernest R. Groves and Gladys Hoagland Groves. Houghton Mifflin Co., Boston, 1928. 178 pp. $2.

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Agriculture, United States Department of:
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